

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOBAY OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Leflore  
Township of Clatsburg  
or  
Inc. Town of.....  
or  
City of.....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

23019

Registration District No. 3101... Registered No. 6.....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Eva Ellen Boone If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Daniel Boone  
(9) PRESENT POSTOFFICE OF FATHER Gastown, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)  
(12) BIRTHPLACE Gastown, S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Goodwin  
(15) PRESENT POSTOFFICE OF MOTHER Gastown, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Gastown, S.C.  
(19) OCCUPATION Cooking  
(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was: Born alive, at 7 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Carmie W. Agat(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gastown, S.C.

Given name added from a supplemental report

(26) Witness W. S. Shaper  
(Signature of Witness necessary only when question 23 is signed by work)

(27) Filed July 1st, 1922 W. S. Shaper Local Registrar.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.