

## (1) PLACE OF BIRTH

County of *Lexington*Township of *Gilbert Hall*or  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3107*

File No.—For State Registrar Only

*43507*Registered No. *82*  
(For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *one*  
To be answered only in case of Twins or Triplets(5) Number in order of birth *6*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Aug 16 22*  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *James A Boatwright*(9) PRESENT POSTOFFICE OF FATHER *Lexville S.C. R.F.D No 5*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33* (Years)(12) BIRTHPLACE *Edgfield County*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Genevieve Whittle*(15) PRESENT POSTOFFICE OF MOTHER *Lexville S.C. R.F.D No 5*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *Saluda County*(19) OCCUPATION *House-wife*(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 *alive* at *5 A.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. Sidney Clark*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Lexville S.C.*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *19*(28) *H. O. Insley* 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.

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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 6.

MEGAN OF COLUMBIA, COLUMBIA, S. C.