

1. PLACE OF BIRTH

County of Florence
 Township of Namoh
 or
 Town of Nyman
 or
 City of S.E.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2016

FILE No.—For State Registrar Only

28372-2

Registered No. _____

(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. FULL NAME OF CHILD Ortho May Boston (If child is not yet named, make supplemental report as directed)

Boy or Girl If Plural { 4. Twin, triplet, or other 5. Premature 7. Legiti- 8. Date of Sept 7 1923
 births { 5. Number, in order of birth Full term mate? yes (Month, day, year)

FATHER
Full name Furman Andrew BostonResidence (usual place of abode) Kingburg at line of State
(If non-resident, give place and State)Color or race White 12. Age at last birthday (Years)Birthplace (city or place) Poston S.C.
(State or country) Florence Co14. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farming at line of State15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Death16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn If Stillborn, { months 29. Cause of stillbirth Before labor
period of gestation weeks During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report (Date of) (Signed) M. D.or Shirley Postwright Straker MidwifeAddress Johnsonton S.C.Filed May 31 1932