

RECORD OF COLORADO, COLUMBIA, S. C.  
When there is no attending physician or midwife, then the father, householders, 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.

(1) PLACE OF BIRTH

County of Charleston  
Township of .....  
or  
Inc. Town of .....  
or  
City of Charleston  
(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. 9A

File No.—For State Registrar Only  
**41330**

Registered No. 1994  
(For use of Local Registrar)

(2) Full Name of Child Edith Boston

If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>Yes</u>	<u>Dec 31 1922</u> (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Boston  
(9) PRESENT POSTOFFICE OF FATHER Charleston  
(10) COLOR OR RACE 1 gro  
(11) AGE AT LAST BIRTHDAY 48  
(12) BIRTHPLACE Georgetown S.C.  
(13) OCCUPATION Store keeper  
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Octavia Harpole  
(15) PRESENT POSTOFFICE OF MOTHER Charleston  
(16) COLOR OR RACE negress  
(17) AGE AT LAST BIRTHDAY 28  
(18) BIRTHPLACE Charleston  
(19) OCCUPATION House keeper  
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... P.M., on the date above stated.  
(Born alive stillborn) (Hour A. M. or P. M.)  
L.A.R. yes (23) (Signature) Mary Ellison 193 Pine Street  
aff'd 6/16/43 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1/10 19 23 J. Menden Green  
Local Registrar

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