

(1) PLACE OF BIRTH

County of FairfieldTownship of # 1or
Inc. Town of Shelton, S. C.or
City of _____

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

File No.—For State Registrar Only
18476

 Registration District No. 1900 Registered No. 32
 (For use of Local Registrar)

 (No. 1900) St.; _____ Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

 (2) Full Name of Child Cora 16 Boulevard If child is not yet named, make supplemental report as directed

 (3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH May 31, 1922
 (Name of Month) (Day) (Year)

FATHER

 (8) FULL NAME Joseph Boulware
 (9) PRESENT POSTOFFICE OF FATHER Shelton, S. C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Year)
 (12) BIRTHPLACE Fairfield Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 5

MOTHER

 (14) NAME BEFORE MARRIAGE Lula Lee
 (15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Year)
 (18) BIRTHPLACE Fairfield Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

 (22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

 (23) (Signature) Cora Boulware
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shelton, S. C.

Given name added from a supplemental report

See Affidavit
9/7/22
R. A. R.
 Registrar

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

 (27) Filed July 7, 1922 (28) Mrs. C. W. Fausetta
 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.

PARENTS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.