

(1) PLACE OF BIRTH

County of WilliamsTownship of JohnsInc. Town of JohnsCity of Johns

(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

File No.—For State Registrar Only

32645

Registration District No. 4304 Registered No. 62

(For use of Local Registrar)

(2) Full Name of Child Charles Frankly Boyl If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/11/22 (Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Charles P Boyl (9) MOTHER'S NAME BEFORE MARRIAGE Hertie Britton(10) PRESENT POSTOFFICE OF FATHER Hannway SC (11) PRESENT POSTOFFICE OF MOTHER Hannway SC(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 40 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 22 (Years)(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.(18) OCCUPATION Farming (19) OCCUPATION Hannway(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Vernie C. Cope (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hannway SC

(26) Given name added from a supplemental report

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

(27) Filed 9/23/22 (28) H. L. Cope 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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McGraw-Hill, Inc. No. 1. THE OTHER, No. 2, etc. In question 6.