

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

73851

(1) PLACE OF BIRTH

County of MarionTownship of Regents

or

Inc. Town of Regents

or

City of Regents

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

Registration District No. 3202 Registered No. 61

(For use of Local Registrar)

(2) Full Name of Child Luther Boatright { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Aug. 27, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Boatright(15) PRESENT POSTOFFICE OF MOTHER Mullins, S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE Marion County(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Boatright(24) State whether Physician or Midwife (25) Address of Physician or Midwife Mullins, S.C.

Given name added from a supplemental report

(26) Witness Mary Boatright

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

(27) Filed Aug. 27, 1916

(28)

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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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 5.

Claw, of Columbia.