

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 Marion

Township of Segels

or
Inc. Town of

or
City of

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

Registration District No. 3202 Registered No. 6!
(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? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Aug. 27, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	--	------------------------------	------------------------------------	---

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 10

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 10

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 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 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)

....., 191.....

(27) Filed Aug. 27, 1916 (28) J. Alford

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. ©Caw. of Columbia.