

(1) PLACE OF BIRTH
County of Saluda

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child James Ernest Boatwright Jr. 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 Aug. 20, 1922

FATHER. MOTHER.

(8) FULL NAME James Ernest Boatwright (14) NAME BEFORE MARRIAGE Married Graham

(9) PRESENT POSTOFFICE OF FATHER Monetta (15) PRESENT POSTOFFICE OF MOTHER Monetta

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE Saluda Co. (18) BIRTHPLACE Port Royal

(13) OCCUPATION Farmer (19) OCCUPATION House-wife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Dr. D. P. Trout

(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 10, 1922 (28) F. W. Crouch 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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