

FORM NO. 1.

(1) PLACE OF BIRTH  
 County of Union  
 Township of Boysville  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

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

File No.—For State Registrar Only

44866

Registration District No. 4201 Registered No. 46  
 (For use of Local Registrar)

(No. \_\_\_\_\_ 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 Marry Bolton } 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? No (7) DATE OF BIRTH May 20 1916  
Take answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Elegitimate  
 (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 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Normanna Bolton  
 (15) PRESENT POSTOFFICE OF MOTHER Pauline  
 (16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Union Co S.C.  
 (19) OCCUPATION Washer Woman  
 (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 \_\_\_\_\_ at \_\_\_\_\_ 10 Am.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Carrie Harris  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Pauline

Given name added from a supplemental report \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Jan 5 1916 (28) J. Boyd Swindle 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.