

FORM NO. 1.

(1) PLACE OF BIRTH

County of UnionTownship of BoysvilleIncl. Town of _____
or _____
or _____City of _____ (No. _____ St.; _____ Ward)
(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

44866

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

(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

Take answer only in event of twins or triplets

(6) Are Parents Married? No(7) DATE OF BIRTH May 20 1916
(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

Novanna Bolton

(15) PRESENT POSTOFFICE OF MOTHER

Pauline

(16) COLOR OR RACE

Coe(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

Union Co S.C.

(19) OCCUPATION

Harsh Norman(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 _____ M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(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. B. L. L. L. 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.