

(1) PLACE OF BIRTH

County of Laurens

Township of

Inc. Town of Hartsville

City of

(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

18303

Registration District No. 15-B Registered No. 66

(For use of Local Registrar)

(2) Full Name of Child James Heyward Boush { 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 June 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lenny Trough(9) PRESENT POSTOFFICE OF FATHER Hartsville, S.C.(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Laborer

(20) Number of children born to mother, including present birth { } 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Moses(15) PRESENT POSTOFFICE OF MOTHER Hartsville, S.C.(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework

(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 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William L. Taylor

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Hartsville St

Given name added from a supplemental report

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

(27) Filed July 18 22 (28) W. H. Kager 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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