

FORM NO. 1
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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Union
Township of Boggs
or
Inc. Town of Buffalo
or
City of Buffalo

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87693

Registration District No. 42B Registered No. 83
(For use of Local Registrar)

(2) Full Name of Child Ralph Boling If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? True (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 18 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wade Boling
(9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Haywood Co., U.C.
(13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Lumsden
(15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Haywood Co., U.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Salley

(24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

(27) Filed Nov 30 1916 (28) J. P. Rodward 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.