

(1) PLACE OF BIRTH

County of Saluda  
Township of #3  
or  
Inc. Town of  
or  
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

16591

Registration District No. 3902 Registered No. 26  
(For use of Local Registrar)

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

BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
FULL NAME <u>Joseph Lee Boozer</u>	(14) NAME BEFORE MARRIAGE <u>Rhoda Ruff</u>			
PRESENT POSTOFFICE OF FATHER <u>Leesville S.C.R. 6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Leesville S.C.R. 6</u>			
COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Saluda S.C.</u>	(18) BIRTHPLACE <u>Saluda S.C.</u>			
OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>			
Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

2) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary E. Morse  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Saluda S.C.R. 6

When name added from a supplemental report

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

(27) Filed May 5 1922 (28) J. Oscar Coleman 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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