

(1) PLACE OF BIRTH

County of Albemarle
Township of Lake City

or
In 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 Register Only
17599

Registration District No. 20 B Registered No. 13
(For use of Local Registrar)

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

(3) SEX OR GENDER girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 23
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME William B. Bolyw
(9) PRESENT POSTOFFICE OF FATHER Lake City S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE Millersburg Co
(13) OCCUPATION Butcher
(14) Number of children born to mother, including present birth 3

MOTHER
(14) NAME BEFORE MARRIAGE Francis Mae Stewart
(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Years)
(18) BIRTHPLACE Millersburg Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour 6 M. or P. M.) on the date above stated.

(22) (Signature) M. L. Whitehead M.D.
(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Lake City S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 6/19 23 (27) Local Registrar Paul Carter

If 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.

When there was no attending physician or midwife, no report is desired of stillbirths before the fifth month of pregnancy. 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.