

## (1) PLACE OF BIRTH

County of BeaufortTownship of Sheldon

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

58792

Registration District No. 603 BRegistered No. 43

(For use of Local Registrar)

(2) Full Name of Child Ernestine Boler

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 1

To be answered only in case of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH

(Name of Month) (Day) 1916 (Year)

## FATHER.

(8) FULL NAME Eligiusmate

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

## MOTHER.

(14) NAME BEFORE MARRIAGE Nettie Boler(15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 21

(Years)

(18) BIRTHPLACE Big Estate Beaufort Co.(19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4(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 Alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Maria S. Howard(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summerville S.C.

Given name added from a supplemental report

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Registrar

(26) Witness Ray H. Howard

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

(27) Filed May 1916

(28)

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.

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 1.

McCaw of Columbia