

(1) PLACE OF BIRTH

County of Aiken

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20683

Registration District No. 2.00Registered No. 18

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Theo Edward Boatwright 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 12 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wallace A. Boatwright(9) PRESENT POSTOFFICE OF FATHER Aiken S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Aiken S.C.(13) OCCUPATION Farm & Breeder(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Leone Morris(15) PRESENT POSTOFFICE OF MOTHER (Edgewood Rd.)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Aiken S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. H. Edwards, Jr.

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

Given name added from a supplemental report

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

(27) Filed June 30 1932 (28) M. Ashurst 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.