

Form No. 3

(1) PLACE OF BIRTH

County of Maxon
 Township of Brittonhask
 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
4560

Registration District No. 3200 Registered No. 1
 (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 Roney May Boyley If child is not yet named, make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet No 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH Feb 12, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 8. FULL NAME Harold Boyley
 9. PRESENT POSTOFFICE OF FATHER Greensboro S.C.
 10. COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer

MOTHER.
 14. NAME BEFORE MARRIAGE Ethel Richardson
 15. PRESENT POSTOFFICE OF MOTHER Greensboro S.C.
 16. COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Year)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Housewife
 20. Number of children born to mother, including present birth four
 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 Born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour) (M or P M)

(23) (Signature) Victoria Wright (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greensboro S.C.

Given name added from a supplement and report

Signature of Witness necessary only when question 22 is signed by mother
W. J. Pojor
 Local Registrar

*When there was no attending physician or midwife, the parents should make this return. If a child breathes even once, it is a birth.