

(1) PLACE OF BIRTH

County of AbbevilleTownship of Rocky Spring

or

City, 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

36994

Registration District No. 216

Registered No.

(For use of Local Registrar)

Full Name of Child Leon Lamar Boylston

If child is not yet named, make supplemental report as directed

BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in case of Twin or Triplet

(6) Are
Parents
Married?DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

FULL
NAMELeon Lamar Boylston(14) NAME BEFORE
MARRIAGEEula Lee HolleyPRESENT
POSTOFFICE
OF FATHERAbbeville S.C.(15) PRESENT
POSTOFFICE
OF MOTHERAbbeville S.C.COLOR
OR
RACEwhite(16) AGE AT LAST
BIRTHDAY31
(Years)(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY30
(Years)

BIRTHPLACE

Abbeville Co

(18) BIRTHPLACE

Abbeville Co

OCCUPATION

Farmer

(19) OCCUPATION

HousewifeNumber of children born to
mother, including present birth3(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Harry Williams

(24) State whether Physician or Midwife

Name added from supplemental report

4/14/43M. B. Woodard

Registrar

(26) Witness

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

(27) Filed

101

(28)

Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If 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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