CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
12001

(1) PLACE OF BIRTH

County of Newberry S.C.

Township of Floyd

or

Inc. Town of ..... Registration District No. 1403 Registered No. 40 (For use of Local Registrar)

or

City of ..... (No. ..... St.; ..... Ward)

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

(2) Full Name of Child Sarah Boozer

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	One	6th	Yes	May 24, 24, 1915 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Earnest Ligon Boozer

(9) PRESENT POSTOFFICE OF FATHER Newberry Co. S. C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Newberry Co. S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 0

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Irene Cole

(15) PRESENT POSTOFFICE OF MOTHER Newberry Co. S. C

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Goodwill Co. S. C Lowndes Co

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 o'c A.M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M. D. S. Fellers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Newberry S.C. R 7

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed May 17 1915 (28) S. G. Floyd
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.

Registrar Local Registrar

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FORM NO. 8.

WHITE PAPER. WHITE LETTERING. NO ALTERATION EXCEPT BY MINUTES.

N. B.—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 5.

N. B. McCaw, of Columbia.

McCaw.