CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 34572

(1) PLACE OF BIRTH
County of Charleston
Township of
or
Inc. Town of
or
City of Charleston (No. 427 Meeting St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 9A Registered No. 1139
(For use of Local Registrar)

(2) Full Name of Child: Baby Boed
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 —
Is to be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Oct 6 1905 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Francis Howard Boed	(14) NAME BEFORE MARRIAGE: Bertha G. Loubach
(9) PRESENT POSTOFFICE OF FATHER: Charleston S C	(15) PRESENT POSTOFFICE OF MOTHER: Charleston S C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 33 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 23 (Years)
(12) BIRTHPLACE: Savannah Ga	(18) BIRTHPLACE: Georgia
(13) OCCUPATION: Physician	(19) OCCUPATION: None
(20) Number of children born to father, including present birth: 2	(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 30 P. M., on the date above stated.
(Born alive or stillborn) (Hour—A. M. or P. M.)

(23) (Signature) Fraser Nelson
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: 277 Calhoun St

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 10/9 1905 (28) Francis Green
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.

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