

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of BeaufortTownship of ShelburnOF
Inc. 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

63206

Registration District No. 403A Registered No. 27

(For use of Local Registrar)

(2) Full Name of Child Roxy Olsen

{ 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

To be answered only in case of twins or triplets

(6) Are yes
Parents
Married?(7) DATE OF
BIRTH June 30, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEDavid Olsen(9) PRESENT
POSTOFFICE
OF FATHERWade, S. C.(10) COLOR
OR
RACE Negro(11) AGE AT LAST
BIRTHDAY 22

(Years)

(12) BIRTHPLACE

Wrenford, S. C.

(13) OCCUPATION

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

{ 3

MOTHER.

(14) NAME BEFORE
MARRIAGESara Jackson(15) PRESENT
POSTOFFICE
OF MOTHERWade, S. C.(16) COLOR
OR
RACE Negro(17) AGE AT LAST
BIRTHDAY 21

(Years)

(18) BIRTHPLACE

Clay Hall, S. C.

(19) OCCUPATION

Farmer's Wife(21) Number of children of this mother
now living, including present birth

{ 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Female, at 11:35 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. M. M. x. Olsen

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

midwifeWade, S. C.Given name added from a supplement
report(26) Witness Thos. H. Bailey
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed July 2, 1914 (28) W. M. M. M.
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.