

## (1) PLACE OF BIRTH

County of Marlboro

Township of .....

Inc. Town of Olis

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

1988

Registration District No. 5304 Registered No. 17

(For use of Local Registrar)

(No. .... St. .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 27, 1988</u>
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(If answer is in case of twin or triplet)

## FATHER.

(8) FULL NAME Joe P McIntyre(9) PRESENT POSTOFFICE OF FATHER Olis(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)(12) BIRTHPLACE Marlboro Co(13) OCCUPATION Shed Oil Co Truck Driver(14) Number of children born to mother, including present birth 1 Six

## MOTHER.

(14) NAME BEFORE MARRIAGE Linna Lee(15) PRESENT POSTOFFICE OF MOTHER Olis(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Marlboro Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1 Six

## 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) 9 (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) Wm. Hardy M.D.

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

Physician Olis Co

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) File Jan 30 1988 (28) W. V. Wardley 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.