

(1) PLACE OF BIRTH

County of WilliamsburgTownship of LaneOF
Inc. Town ofOF
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

9453

Registration District No.

Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Ozka Giles

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

March 26, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ransom Giles

(9) PRESENT POSTOFFICE OF FATHER

Salters Depot, P.S.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

29

(Years)

(12) BIRTHPLACE

Williamsburg co. S.C.

(13) OCCUPATION

R. R. Laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Celia Williams

(15) PRESENT POSTOFFICE OF MOTHER

Salters Depot, P.S.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Williamsburg co. S.C.

(19) OCCUPATION

farm laborer

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 6-2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Belinda Brown

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Salters Depot, P.S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

March 26, 1922

(28) A. R. Moseley

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.