

(1) PLACE OF BIRTH

County of OrangeburgTownship of Tolly HillInc. Town of Tolly Hill(City of Tolly Hill)

(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

Registration District No. 3609 Registered No. 100

(For use of Local Registrar)

(2) Full Name of Child Oressel Macore

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

(3) BOY OR GIRL Boy (4) Twin or Triplet () (5) Number in order of birth () (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 8 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ammon Macore(9) PRESENT POSTOFFICE OF FATHER Tolly Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Game Guard(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Thelma White(15) PRESENT POSTOFFICE OF MOTHER Tolly Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Game Guard(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 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Arthur Macore(24) State whether Physician or Midwife(25) Address of Physician or Midwife Tolly Hill S.C.

Given name added from a supplemental report

(26) Witness M. Macore

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

(27) Filed Feb 9 1923 (28) H. H. Macore 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.