

Form No. 1

(1) PLACE OF BIRTH

County of HorryTownship of Andrews

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles Ogleson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

10438

Registration District No. Registered No.

(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE June 8, 23

FATHER		MOTHER	
(8) FULL NAME <u>Hugh Ogleson</u>	(14) NAME BEFORE MARRIAGE <u>Luatha Guilds</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Turkey S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Turkey S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>74</u> (Years)	(12) BIRTHPLACE <u>S.C.</u>	(13) COLOR OR RACE <u>white</u>
(16) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>48</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farmer</u>
(20) OCCUPATION <u>Farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

(22) I hereby certify that I attended the birth of this child, who was ... Charles ... at ... 7:30 ... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luatha Guilds (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Turkey S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) St. C. Carlin

(27) Filed ... 10 ... (28) 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.