

Form No. 1.

(1) PLACE OF BIRTH

County of GreeneTownship of Kibbeyor
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

77400

Registration District No. 2389 Registered No. 381

(For use of Local Registrar)

(2) Full Name of Child Lore Ozels

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

(3) BOY OR
GIRL? girl(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF BIRTH Sept. 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Ozels(9) PRESENT
POSTOFFICE
OF FATHER Kibbey(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Grook Co(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie May Ozels(15) PRESENT
POSTOFFICE
OF MOTHER Kibbey(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Grook Co(19) OCCUPATION Housewife(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 at 1 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) G. S. Rapp

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

Dr. Brunson - Muddy SpgsGiven name added from a supplement
report

191...

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Sept. 29, 1916(28) H. S. Armstrong
Qua 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.

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.

McGraw, of Columbia.