

(1) PLACE OF BIRTH

County of LalbertonTownship of Blakeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3802

Registration District No. 1402

Registered No.

(For use of Local Registrar)

2) Full Name of Child James Oliver } If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? 1

(4) Twin or Triplet?

(5) Number in order of birth

to be assigned only in case of twins or triplets

(6) Are Parents Married? NO(7) DATE OF BIRTH Feb. 13, 1921
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Emmie Oliver

(9) PRESENT POSTOFFICE OF FATHER

Green Pond S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Col. Geo. S.C.

(13) OCCUPATION

Public Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Friedrich

(15) PRESENT POSTOFFICE OF MOTHER

Green Pond S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Col. Geo. S.C.

(19) OCCUPATION

Farm hand

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

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.) 4 P.M.(23) (Signature) Linda R. R. R.

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

Midwife Green Pond S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

Feb. 12, 1921 (27) B. G. R. R.

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.

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