

## (1) PLACE OF BIRTH

County of SpokaneTownship of Crossor  
Inc. Town of.....

City of.....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**5240**Registration District No. 4083Registered No. 13  
(For use of Local Registrar)

(No. .... St. .... Ward)

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

(2) Full Name of Child Myllis Geraldine Oshald If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet <u>-</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 26 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Edmund Cohen Oshalds

(9) PRESENT POSTOFFICE OF FATHER Cross Church, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Spokane, Wyo. & S.C.

(13) OCCUPATION Farmer

**MOTHER.**

(14) NAME BEFORE MARRIAGE Gladys Geraldine Spradley

(15) PRESENT POSTOFFICE OF MOTHER Cross Church, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Williston, Bonwill Co., S.C.

(19) OCCUPATION or Farmer

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

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:45 P.M. on the date above stated. (Born alive or stillborn) (Hour and P. M.)(23) (Signature) W. H. Patton  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cross Church, S.C.

Given name added from a supplemental report

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

(27) Filed March 1 1924 (28) C. D. Hanson 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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