

FORM NO. 7. 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 6.

City of Columbia

(1) PLACE OF BIRTH

County of *Calhoun*
Township of *Lynch*
or
Inc. Town of *Mid-Camron*
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
80457

Registration District No. *802* Registered No. *158*
(For use of Local Registrar)

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

(2) Full Name of Child *Oddie Leldon Lelchel*

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

(3) BOY OR GIRL? *boy* (4) Twin or triplet? *no* (5) Number in order of birth *4* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Oct. 27, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Oddie Lelchel*
(9) PRESENT POSTOFFICE OF FATHER *Ellora SC*
(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *34* (Years)
(12) BIRTHPLACE *Orangeburg SC*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Hosie Lee Ross*
(15) PRESENT POSTOFFICE OF MOTHER *Ellora SC*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *27* (Years)
(18) BIRTHPLACE *Orangeburg*
(19) OCCUPATION *Housewife*
(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 *1030 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. S. Keller*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ellora SC*

Given name added from a supplemental report

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

Registrar

(27) Filed *Oct 25, 1916* (28) *W. S. Keller* 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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