

WITH UPWARD INK.—THIS IS A PERMANENT RECORD.
 one of TWINS OR TRIPLETS use A SEPARATE BLANK FOR EACH CHILD, and make the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5.

McGraw-Hill Construction Information Group

(1) PLACE OF BIRTH

County of Clatsop
Township of Bonanza
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

843

Registration District No. 1303 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Larance R. Neare, Jr. Olson

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Jan 11 1933</i> (Month) (Day) (Year)
--------------------------------	----------------------------------	--	--	---

FATHER

(8) FULL NAME *Ernest McGowan*

(9) PRESENT POSTOFFICE OF FATHER *Farberville, MO*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *29* (Years)

(12) BIRTHPLACE *MS*

(13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Eliza D. Rant*

(15) PRESENT PLACE OF MOTHER *3 Turberville St.*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *36* (Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *W. assewist*

(20) Number of children born to mother, including present birth 12

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was: John Albert nt. 6 M.
on the date above stated. (Born at or near (If not) (Hour A. M. or P. M.)

(23) (Signature) James M. A. Smith
(24) State, whether Physician or Midwife Illinois Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Jan 12 1922 (28) By [Signature] 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.