

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

File No.—For State Registrar Only

16757

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

Registration District No. 4006

Registered No. 60
(For use of Local Registrar)

(2) Full Name of Child

Olivia Hazel

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

5 19 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

B. J. Fisher

(9) PRESENT POSTOFFICE OF FATHER

Trough S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 35
(Year)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

millwork

MOTHER

(14) NAME BEFORE MARRIAGE

Ethel Womack

(15) PRESENT POSTOFFICE OF MOTHER

Trough S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 27
(Year)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Housewife

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

1

(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... at...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

W. L. Kirkpatrick
M.D.

(25) Address of Physician or Midwife

Trough S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-1-22

(28)

M. W. Brown
Local Registrar

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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.