

(1) PLACE OF BIRTH

County of Greenwood
 Township of D. Woods
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7255

Registration District No. 27A1 Registered No. 6.....
 (For use of Local Registrar)

(2) Full Name of Child Nina Barbara Oughta (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>March 11, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>J. Oscar Oughta</u>	(14) NAME BEFORE MARRIAGE <u>Erica Bryan</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Epworth</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Epworth</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
(12) BIRTHPLACE <u>Greenwood Co.</u>		(18) BIRTHPLACE <u>Saluda Co.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:20 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. W. Payne
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Epworth

Given name added from a supplemental report

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

(27) Filed March 1923 (28) A. P. King
 Registrar 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. 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 1.