

(1) PLACE OF BIRTH

County of Greenwood
 Township of B. Moore
 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

7255

Registration District No. 27A.1 Registered No. 6.....
 (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 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. Isaac Oughta</u>			(14) NAME BEFORE MARRIAGE <u>Essie 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>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>49</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(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
 (25) Address of Physician or Midwife

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 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 3.