

## 1. PLACE OF BIRTH

County of *York*Township of *Woodruff*Inn. Town of *Woodruff*City of *Woodruff*

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4004*

FILE No.—For State Registrar Only

44812

Registered No. *77*

(For use of Local Registrar)

(No. *77*)St. *77*Ward *77*

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

2. Full Name of Child *Olivia Fancher*

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

1. BOY OR GIRL *Girl*

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? *Yes*7. DATE OF BIRTH *Oct 23 1923*

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME *Dr. H. C. Fancher*9. PRESENT POSTOFFICE OF FATHER *Woodruff SC 23*10. COLOR OR RACE *White*11. AGE AT LAST BIRTHDAY *39*

(Years)

12. BIRTHPLACE *Union Co*13. OCCUPATION *Farmer*

## MOTHER

14. NAME BEFORE MARRIAGE *Ethel Jackson*15. PRESENT POSTOFFICE OF MOTHER *Woodruff SC 23*16. COLOR OR RACE *White*17. AGE AT LAST BIRTHDAY *26*

(Years)

18. BIRTHPLACE *Greenville Co*19. OCCUPATION *Domestic*20. Number of children born to mother, including present birth *6*21. Number of children of this mother now living, including present birth *5*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was *born alive* at *11 a.m.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature *H. C. Fancher*24. State whether Physician or Midwife *Physician*25. Address of Physician or Midwife *Woodruff SC*

Given name added from a supplemental report

26. Witness

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

27. Filed *10 19 24*28. *C. A. Fancher* Local Registrar

19 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. 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 1.

LAST MARGINS PRINTING CO.