

(1) PLACE OF BIRTH

County of Newberry
 Township of Newberry
 Inc. Town of.....
 City of.....

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

File No.—For State Registrar Only
29437

Registration District No. 3404 Registered No. 36
 (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 Oliver Wells If child is not yet named, make supplemental report as directed

(3) SEX Male (4) Type or Weight 40 (5) Age of Parents 40 (6) DATE OF BIRTH Sept 18 1923
 (Name of Month) (Day) (Year)

FATHER.
 (7) FULL NAME Willie Mith
 (8) PRESENT POSTOFFICE OF FATHER Pomaria
 (9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 24
 (11) BIRTHPLACE Pomaria
 (12) OCCUPATION Farming
 (13) Number of children born to mother, including present birth Two

MOTHER.
 (14) NAME BEFORE MARRIAGE Odell Love
 (15) PRESENT POSTOFFICE OF MOTHER Pomaria
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23
 (18) BIRTHPLACE Pomaria
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) H. L. Love
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Pomaria

(Given name added from a supplemental report)

(25) Witness G. R. G. Love
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 9/30 1923 (27) R. J. Love 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.

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.