

Form No. 8

(1) PLACE OF BIRTH

County of CalhounTownship of Can Cau

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.)

(2) Full Name of Child Rufus Joseph O'H

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 26, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME Ben N. O'H(9) PRESENT POSTOFFICE OF FATHER H. M. O'H(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2(15) NAME BEFORE MARRIAGE Maisy Sykes(16) PRESENT POSTOFFICE OF MOTHER N. M. O'H(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 23

(Years)

(19) BIRTHPLACE S. C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) Mary E. O'H

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplemental report

(28) Witness

(29) Filed Oct 11, 1923

(30) Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 801Registered No. 73

(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.)

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 26, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME Ben N. O'H(9) PRESENT POSTOFFICE OF FATHER H. M. O'H(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 33

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2(15) NAME BEFORE MARRIAGE Maisy Sykes(16) PRESENT POSTOFFICE OF MOTHER N. M. O'H(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 23

(Years)

(19) BIRTHPLACE S. C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) Mary E. O'H

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplemental report

(28) Witness

(29) Filed Oct 11, 1923

(30) Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the month of pregnancy.