

Form No. 8

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

11474

(County of Oconee)Township of Seneca

(In Town of \_\_\_\_\_)

Registration District No. 3504 Registered (For use of Local Registrar)

(City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_))

(2) Full Name of Child Clara M. Osfield (If birth occurs in a hospital or other institution, give name of same, including street and number.) If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl(4) Twin or Triplet? 1(5) Number in order of birth 2(6) Age Parents Married? 4(7) DATE OF BIRTH 3-23-23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Will Osfield(9) PRESENT POSTOFFICE OF FATHER Seneca(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Spaulding(13) OCCUPATION Farm Collector(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Ritchard(15) PRESENT POSTOFFICE OF MOTHER Seneca(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE Osprey(19) OCCUPATION Cotton mill work(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (House, M. or F. M.) on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed 4/10/23 (28) [Signature] 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 28th month of pregnancy.

MARRIAGE RECORDS FOR BIRMINGHAM.  
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.