

(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

12631

County of AikenTownship of Shelby Hallor
Inc. Town of.....or
City of.....Registration District No 21.2..... Registered No. 2.....
(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 Wilhelmina May Oakman If child is not yet named, make supplemental report as directed3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 22 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Geo Oakman9) PRESENT POSTOFFICE OF FATHER Hawthorne(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 44 (Year)12) BIRTHPLACE Aiken Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Jackson(15) PRESENT POSTOFFICE OF MOTHER Hawthorne SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 41 (Year)(18) BIRTHPLACE Aiken Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1.0 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Jackson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hawthorne

Given name added from a supplemental report

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

(27) Filed 4/14 1923 (28) S. J. Owens 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.