

(1) PLACE OF BIRTH

County of OrangeburgTownship of Liberty

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

4853

Registration District No. 3410 Registered No. 4
(For use of Local Registrar)(No. St. Ward)
(If birth occurs in a hospital or other institution, the name of same instead of street and number.)(2) Full Name of Child Oliver Pough If child is not yet named, make supplemental report as directed(3) SEX OR Male (4) Twin or Triplet No (5) Number in order of birth 5 (6) And Partners Married Yes (7) DATE OF BIRTH Feb 7 1933
To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Pough(9) PRESENT POSTOFFICE OF FATHER Norces S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Furniture(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Cassie Ray(15) PRESENT POSTOFFICE OF MOTHER Norces S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Oliver at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Miriam Hersh(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

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

(27) Filed Feb 15 1933 (28) J. P. Lurie 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.