

## (1) PLACE OF BIRTH

County of WilliamburgTownship of HopkInc. Town of .....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 Indie Ruth Oliver

File No.—For State Registrar Only

9427

Registration District No. 4301Registered No. 24

(For use of Local Registrar)

## (3) BOY OR GIRL

Girl

## (4) Twin or Triplet?

No

## (5) Number in order of birth

1

To be entered only in case of Twin or Triplet

## (6) Are Parents Married?

Yes

## (7) DATE OF BIRTH

Mar 7 1935

(Name of Month) (Day) (Year)

## FATHER

## (8) FULL NAME

Robt Oliver

## (9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

## (10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 28 (Years)

## (12) BIRTHPLACE

S.C.

## (13) OCCUPATION

Farmer

## (20) Number of children born to mother, including present birth

2

## MOTHER

## (14) NAME BEFORE MARRIAGE

Quinn Oak

## (15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

## (16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 29 (Years)

## (18) BIRTHPLACE

S.C.

## (19) 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 alive at 4:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

## (23) (Signature)

Mary Crawford

## (24) State whether Physician or Midwife

Midwife

## (25) Address of Physician or Midwife

Greenville S.C.

Given: name, address, date, and signature

## (26) Witness

.....

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

## (27) Local Registrar

.....

## (28)

.....

## Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this report. If a child becomes born alive, it must be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.