

(1) PLACE OF BIRTH
County of Sumter
Township of Shiloh
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.)

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

File No.—For State Registrar Only
50601

Registration District No. 4-107 Registered No. 18
(For use of Local Registrar)

(2) Full Name of Child. Ollie Kirby Laws ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb 19</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ollie Kirby</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Laws</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lynchburg</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg, S.C.</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>	
(11) AGE AT LAST BIRTHDAY <u>18</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Sumter Co</u>			(18) BIRTHPLACE <u>Sumter Co</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Feb 19 at 10 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jane X. Dixon

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Lynchburg, S.C.

Given name added from a supplemental report
..... 191....
.....
Registrar

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

(27) Filed 2-25 1914... (28) L B McElvan 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.

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