

WHEN PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH  
County of Wichman, S.C.  
Township of Guffala  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.; .... Ward)  
(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

Registration District No. 2700 Registered No. 69  
(For use of Local Registrar)

File No.—For State Registrar Only  
**15418**

(2) Full Name of Child Jae Elizabeth Ogburn (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>ye</u>	(7) DATE OF BIRTH <u>July 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Hugh Miller Ogburn</u>	(14) NAME BEFORE MARRIAGE <u>Jannie Bell Taylor</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wichman, S.C. 2700 #6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wichman, S.C. 2700 #6</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was A. King ..... at 9:31 .....  
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Brown  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife Wichman, S.C.

Given name added from a supplemental report: \_\_\_\_\_  
19 1922 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) May  
(27) Filed 1922 (28) 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.