

WRITE PLAINLY, 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 8.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Vance
OR
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
16302

Registration District No. 3618 Registered No. 41
(For use of Local Registrar)

(2) Full Name of Child Bessie Nathaniel Oliver
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 26 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Calvin Oliver
(9) PRESENT POSTOFFICE OF FATHER Vance S C
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE S C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Mary Oliver S C
(15) PRESENT POSTOFFICE OF MOTHER Vance S C
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE S C
(19) OCCUPATION House wife
(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 Born alive at 2:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Angie Way (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Vance S C

Given name added from a supplemental report

(26) Witness W. A. Santler (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 29 1922 (28) W. A. Santler 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.