

FORM NO. 6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McClave of Columbia

(1) PLACE OF BIRTH
 County of Charleston
 Township of "
 or
 Inc. Town of "
 or
 City of Charleston
 (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

80567

Registered No. 1168
 (For use of Local Registrar)
 St. " Ward "
 If child is not yet named, make supplemental report as directed.

(2) Full Name of Child Baby girl Oliver(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth 5
To be answered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct. 28
 (Name of Month) (Day) (Year)

(8) FULL NAME

Adam P. Oliver

(9) PRESENT POSTOFFICE OF FATHER

67 George St. Charleston

(10) COLOR OR RACE

W.(11) AGE AT LAST BIRTHDAY 3 1/2

(Years)

(12) BIRTHPLACE

SC.

(13) OCCUPATION

Station Note. Union Station(20) Number of children born to mother, including present birth ✓

(14) NAME BEFORE MARRIAGE

Jane Wood

(15) PRESENT POSTOFFICE OF MOTHER

Char. S.C.

(16) COLOR OR RACE

W.(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE

Fla.

(19) OCCUPATION

Dom.(21) Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ken. Beachline(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 73 Montross St.

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 10/30/16

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(28)

J. M. Green, M.D.
 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.

Registrar

Filed 10/31

19 16

J. M. Green, M.D.

Corrected

LEON BENDY, M.D.

REGISTRAR

JUN 20 1940