

CITY OF BIRTH  
**Lexington,**

NAME OF FATHER  
**Gilbert Hallow**

NAME OF MOTHER

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

**11187**

**8107**

**10**

Registration Certificate No.

Registered No. ....  
(For use of Local Registrar)

State (If not in same State as of birth, give name of same instead of street and number.)

(If child is not yet named, make report as directed)

NAME OF CHILD **Henry B Oswald**

**Boy**

Are Parents Married? **Yes**

DATE OF BIRTH

**Jan 26, 1923**  
(Month) (Day) (Year)

FATHER

**Claud R. Oswald,**

**Leesville, S.C.**

COLOR OR RACE  
**White**

(11) AGE AT LAST BIRTHDAY **27**  
(Years)

BIRTHPLACE

**Lex Co. S.C.**

OCCUPATION

**Farmer,**

Number of children born to mother, including present birth

**2**

MOTHER

14 NAME BEFORE MARRIAGE

**Carrie Ellen Derie**

15 PRESENT HOME OFFICE OF MOTHER

**Leesville, S.C.**

16 COLOR OR RACE

**White,**

(17) AGE AT LAST BIRTHDAY **34**  
(Years)

18 BIRTHPLACE

**Lex. Co., S.C.**

19 OCCUPATION

**House Wife,**

20 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 **2 A.** M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) **J. Sidney Black,**

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
**Leesville, S.C.**

Given name added from a supplemental report

**Janis J. Sidney**  
**July 21, 1923**  
**Neonatal**

(26) Witness

(Signature of Witness necessary only when question 23 is signed "mailed")

(27) Filed

**10**

(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.