

1. PLACE OF BIRTH

County of Spartanburg
 Township of _____
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Registration District No. _____

FILE No.—For State Registrar Only
37519

Registered No. _____
 (For use of Local Registrar)

(No. North Liberty St.; _____ Ward)

(If birth occurred in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Ralph Arnold Oline

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

3. Sex of MALE 4. Twin, triplet or other _____ 5. Premature _____ 6. Full term YES
 7. Are Parents Married? YES 8. Date of birth January 7, 1923
 (Month, day, year)

9. Full name FATHER
Estle James Oline

18. Full maiden name MOTHER
Minnie Gibbs

16. Residence (mailing address) No. Liberty Street, S. C.
 (If non-resident, give place and State) Spartanburg, S. C.

19. Residence (mailing address) No. Liberty Street, S. C.
 (If non-resident, give place and State) Spartanburg, S. C.

11. Color or race W 12. Age at last birthday 28 (Years)

20. Color or race W 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Coke County, Georgia
 (State or country)

22. Birthplace (city or place) Barnesville, Ga.
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. House-wife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. J. G. Arnold

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor) _____ (During labor)

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 8:00 A.M. on the date above stated

When there was no attending physician or midwife, then the father, grandfather, etc., should make this return. I certify that I testified or had testified in the eyes of this child at _____ M. on above date

(Signed) W. B. [Signature], M.D.

Given name added from _____ (Name of physician) _____ (Date of)

or _____ Midwife

Address Spartanburg, South Carolina

Filed Jan 12, 1923 Registrar