

CERTIFICATE OF BIRTH

County of Alfred
Township of Richford
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only

12818

State Board of Health

Registration District No. 406 Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>March 29, 22</i> (Name of Month) (Day) (Year)
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FATHER

(8)	FULL NAME	J. W. Olson
(9)	PRESENT POSTOFFICE OF FATHER	Deepard SLR 1
(10)	COLOR OR RACE	White
(11)	AGE AT LAST BIRTHDAY	27 (Years)
(12)	BIRTHPLACE	Spts Co SL
(13)	OCCUPATION	Farmer

MOTHER

(14) NAME BEFORE MARRIAGE *Evie Brittain*
(15) PRESENT POSTOFFICE OF MOTHER *Welfarise R1*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)
(18) BIRTHPLACE *Sptz Co SC*
(19) OCCUPATION *Housewife*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 M.
on the date above stated. born alive or stillborn (Hour M. or P.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed for mark)

(27) Filed April 22 1922 (28) E. W. Wapens
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.

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.

STATE OF COLUMBIA: COLUMBIA, S. C.