

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 15

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

File No. — For State Registrar Only
46158

Inc. Town of Registration District No. 1914 Registered No. B 3
 (For use of Local Registrar)
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Olivia Procon If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 17 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Olivia Procon
 (9) PRESENT POSTOFFICE OF FATHER Dawkins 5th
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Fairfield
 (13) OCCUPATION R R section hand
 (14) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Olivia James
 (15) PRESENT POSTOFFICE OF MOTHER Dawkins
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Fairfield Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Lytle, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Monticello

Given name added from a supplemental report

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

(27) Filed Jan 1916 (28) J. R. Snow Local Registrar

*When there was no attending physician or midwife then the father, householders, 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.

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 8.
 M. C. W. of Columbia