

(1) PLACE OF BIRTH

County of Clarendon
Township of Flour
or
Inc. Town of
or
City of (No. St.; Ward)
(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

873

Registration District No. 1317 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child William Oliver

If child is not yet named, make supplemental report directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 21 1922
(Specify of Month) (Day) (Year)

FATHER
(8) FULL NAME Henry Oliver
(9) PRESENT POSTOFFICE OF FATHER Winds Station
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Clarendon
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Seven

MOTHER
(14) NAME BEFORE MARRIAGE Hansa James
(15) PRESENT POSTOFFICE OF MOTHER Winds Station
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Clarendon
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Wilson
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife 214 Liberty St.

Given name added from a supplemental report

(26) Witness (Signatures of Witness necessary only when question 22 is signed by mother)

(27) Filed File 19 22 at Clarendon 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.

MAKER MUST BE FOR STATE REGISTRAR ONLY. THIS IS A PREPARED FORM. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER. IT IS THE PROPERTY OF THE STATE BOARD OF HEALTH, COLUMBIA, S. C.