

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of

(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

Registration District No.

File No.—For State Registrar Only

20802

Registered No. 227
(For use of Local Registrar)(2) Full Name of Child James Oliver

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
To be answered only in event of Twins or Triplets6) Are
Parents
Married? yes

7) DATE OF

BIRTH July 3 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAME9) PRESENT
POSTOFFICE
OF FATHER10) COLOR
OR
RACE11) AGE AT LAST
BIRTHDAY... 26..
(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to
mother, including present birth

MOTHER.

14) NAME BEFORE
MARRIAGE15) PRESENT
POSTOFFICE
OF MOTHER16) COLOR
OR
RACE17) AGE AT LAST
BIRTHDAY... 26..
(Years)

18) BIRTHPLACE

19) OCCUPATION

21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

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

F. B. CRAYTON,

(27) Filed

(28) ANDERSON, S. C.*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.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.