

## (1) PLACE OF BIRTH

County of BarnwellTownship of Rid. Oakor  
Inc. Town of Aumbartonor  
City of S.C.

(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

28971

Registration District No. .... Registered No. .... 16

(For use of Local Registrar)

2) Full Name of Child Olax Pallock } If child is not yet named, make supplemental report as 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 Sept 3 1912

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Pallock(9) PRESENT POSTOFFICE OF FATHER Aumbarton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Luranna Pitt(15) PRESENT POSTOFFICE OF MOTHER Aumbarton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Olax at 6:30 A.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) L. M. Anderson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Aumbarton S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7-11-1912 (28) Beck Anderson 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.

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