

(1) PLACE OF BIRTH

County of in Derg
 Township of Grading
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13576

Registration District No. Registered No. 19
 (For use of Local Registrar)

(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

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

(3) SEX OR GENDER <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>5-22</u> (Month) (Day) (Year)
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FATHER.

(8) FULL
NAME Henry Ogmen
 (9) PRESENT
POSTOFFICE
OF FATHER Belton
 (10) COLOR
OR
RACE Negro (11) AGE AT LAST
BIRTHDAY 34
(Year)
 (12) BIRTHPLACE Belton
 (13) OCCUPATION Farming
 (20) Number of children born to
mother, including present birth 11

MOTHER.

(14) NAME BEFORE
MARRIAGE Allie Ogmen
 (15) PRESENT
POSTOFFICE
OF MOTHER Belton
 (16) COLOR
OR
RACE Negro (17) AGE AT LAST
BIRTHDAY 28
(Year)
 (18) BIRTHPLACE Belton
 (19) OCCUPATION Farming
 (21) Number of children of this mother
now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M., or P. M.)
 (23) (Signature) Matilda Ogmen
 (24) State whether Physician or Midwife (25) Agree as Physician or Midwife

Given name added from a supplement
 al report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) June 19 22 (28) W. H. Campbell
 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.