

## (1) PLACE OF BIRTH

County of MariettaTownship of Warrentonor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39375

Registration District No. 3208 Registered No. ....  
(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 Olivia Olivia Larrimore (If child is not yet named, make supplemental report as directed)(3) ~~SEX~~  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth 1  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Sept. 28, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Walter H. Larrimore(9) PRESENT  
POSTOFFICE  
OF FATHER Gresham, S.C.(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 24  
(Years)(12) BIRTHPLACE  
Brittins Neck,(13) OCCUPATION  
Farming(20) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Bessie O. Williams(15) PRESENT  
POSTOFFICE  
OF MOTHER Gresham, S.C.(16) COLOR  
OR  
RACE White (17) AGE AT LAST  
BIRTHDAY 17  
(Years)(18) BIRTHPLACE  
Brittins Neck,(19) OCCUPATION  
Housewife(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. M. C. Williams Gresham, S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement  
report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark).(27) Filed Dec. 1, 1922 (28) R. O. Williams  
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.