

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Mt. Croghan  
 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  
**29588**

Registration District No. 1205 Registered No. 34  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child not named If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 30, 1912  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Walter E. Oliver

(9) PRESENT POSTOFFICE OF FATHER Ruby S.C. #2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28  
 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Josea Henderson

(15) PRESENT POSTOFFICE OF MOTHER Ruby S.C. #2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 born alive 4:20 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) G. M. Newsome

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

Given name added from a supplemental report

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

(27) Filed (28) 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.