

## (1) PLACE OF BIRTH

County of HamptonTownship of Hampton

or 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

File No.—For State Registrar Only

38769

Registration District No. 2400 Registered No. 140

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

Full Name of Child Louise Okral(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 Nov. 1 19122

To be answered only in case of Twins or Triplets.

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME L. J. Okral (14) NAME BEFORE MARRIAGE Louise(9) PRESENT POSTOFFICE OF FATHER Edell St. (15) PRESENT POSTOFFICE OF MOTHER Edell St.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22(12) BIRTHPLACE Hampton Co (18) BIRTHPLACE Hampton Co(13) OCCUPATION Mail Carrier (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) M. S. L. Murray(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lurray St.

Given name added from a supplemental report

Sec. Affidavit 4-17-44 191....

L. A. RISBY, M. D. Registrar

(26) Witness .....

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

(27) Filed Nov. 14 19122 (28) J. C. T. L. L. L. 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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