

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**36865**

(1) PLACE OF BIRTH  
County of Abbeville  
Township of Abbeville  
or  
Inc. Town of \_\_\_\_\_  
or  
City of Abbeville (No. \_\_\_\_\_) (St. \_\_\_\_\_) (Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1A Registered No. 114  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Child (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 10, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sam W. McHenry  
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Aurora Co. S.C.  
(13) OCCUPATION Black  
(14) Number of children born to mother, including present birth: 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ollie Belle Warren  
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)  
(18) BIRTHPLACE Abbeville Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth: 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. V. [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville S.C.

Given name added from a supplemental report  
..... 101 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Nov. 16, 1922 Miss Julia M. [Signature] 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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MARGIN RESERVED FOR BINDING. COUNTY NO. 7. WITH UNFOLDING ENCLOSURES IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE 2 SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 3.

Registrar Only  
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