

(1) PLACE OF BIRTH

County of Richland
 Township of Eastover
 or
 Inc. Town of S.C.
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16544

Registration District No. 2803Registered No. 107
(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 Wilson Oree

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH 21 May 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jerry Oree
 (9) PRESENT POSTOFFICE OF FATHER Eastover S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20
 (Years)
 (12) BIRTHPLACE Richland Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth (5) living

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Eastover S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Richland Co
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth (5) living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 A.M.
 (Born alive or stillborn) (Hour A.M. or P.M.)
 on the date above stated.

(23) (Signature) Midwife, Eastover S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5/30/22 (28) St. George
 Registrar 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.