No. 1

(1) PLACE OF BIRTH

County of Orangeburg

Township of Vance

or

Inc. Town of Parler S.C.

or

City of ..... (No. ..... St.; ..... Ward)

(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
29734

Registration District No. ..... Registered No. 119
(For use of Local Registrar)

(2) Full Name of Child Prince Oliver

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

(3) BOY OR ~~GIRL~~ Boy

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH 13 Sept 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Sam Oliver	(14) NAME BEFORE MARRIAGE	Sarah Myers
(9) PRESENT POSTOFFICE OF FATHER	Parler	(15) PRESENT POSTOFFICE OF MOTHER	Parler S.C.
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	26	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	Holden S C	(18) BIRTHPLACE	Parler S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	House Wife
(20) Number of children born to mother, including present birth	2	(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 Alive at 8 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: Mid Wife

(25) Address of Physician or Midwife: Parler S C

Given name added from a supplemental report

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..... 19 ....
Registrar

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

(27) Filed Sep 26 1923 (28) W. A. Hamilton
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.