

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. 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

76353

Registration District No. 1202

Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child

John Murray Oliver

Child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 19, 1916

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Augustus Oliver

(9) PRESENT POSTOFFICE OF FATHER

Shusterfield S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 37

(Years)

(12) BIRTHPLACE

Shusterfield Co

(13) OCCUPATION

Farmer

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

Six

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Shusterfield S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE

Shusterfield Co

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

officer 4/22/17

19 Registrar

(26) Witness

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

(27) Filed Sept. 28, 1916

(28) J. A. Davis

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.