

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.

McCAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Coll Hill
OR
Inc. Town of.....
OR
City of.....

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)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Murray Oliver (No. St.; Ward)
Name 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 16
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME James Augustus Oliver
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Years)
(12) BIRTHPLACE Charleston 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 Charleston S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)
(18) BIRTHPLACE Charleston 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 11:40 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert L. Gardner
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report
officer
4/22/14
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 28 1914 (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.