

(1) PLACE OF BIRTH

County of Barren
Township of allendale
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
84598

Registration District No. 500 Registered No. 158
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

(2) Full Name of Child Oliver Williams

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Mar 27 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Don't know
(9) PRESENT POSTOFFICE OF FATHER
(10) COLOR OR RACE
(11) AGE AT LAST BIRTHDAY
(12) BIRTHPLACE
(13) OCCUPATION
(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Williams
(15) PRESENT POSTOFFICE OF MOTHER Appleton S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE S.C.
(19) OCCUPATION farm laborer
(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose H. Martin
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife allendale S.C.

Given name added from a supplemental report

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

(27) Filed Mar 30 1916 (28) F. H. Bond
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.