

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

36127

Registration District No.

Registered No. 17
(For use of Local Registrar)

(2) Full Name of Child

Olive M. M. M. M. M.

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

(3) BOY ☒ Boy(4) Twin or Triplet? No
To be answered only in case of Twins or Triplets(5) Number in order of birth 6(6) Are Parents Married? Yes(7) BIRTH 35 11 22
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Olinor. Mahars.(9) PRESENT POSTOFFICE OF FATHER Pickens #4(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Pickens County(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Mahars(15) PRESENT POSTOFFICE OF MOTHER Pickens #4(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Pickens S.C.(19) OCCUPATION Farming(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born 8 at 8 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. L. M. M. M.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness A. L. M. M. M.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 8 1922 (28) J. H. H. 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.

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.

Revised by Columbia, Columbia, S. C.