

Form No. 1

(1) PLACE OF BIRTH

County of Edgefield
 Township of D. Shaw
 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

85434

Registration District No. 1810 Registered No. 600
 (For use of Local Registrar)

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

(2) Full Name of Child Mellie Thomas Olophant 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 1 (6) Are Parents Married? Yes (7) DATE BIRTH Oct 26, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Olophant
 (9) PRESENT POSTOFFICE OF FATHER Trenton SC
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Edgefield Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Occia Ross
 (15) PRESENT POSTOFFICE OF MOTHER Trenton SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Hickory Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Americus Olophant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Trenton SC

Given name added from a supplemental report
, 191.....
, 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 28, 1916 (28) J. R. Moss Local Registrar

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, &c., in question 5.
 State of Columbia

*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.