

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85434

County of EdgefieldTownship of Shaw

or

Inc. Town of

or

City of

Registration District No. 1810Registered No. 600

(For use of Local Registrar)

St.; Ward)

(No. 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

To be answered only in case of Twins or triplets

(6) Are Parents Married? Yes(7) DATE BIRTH Oct 26, 1916
(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

Ocia 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...

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

*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.

WHITE PAPER, 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.