

(1) PLACE OF BIRTH

County of CharlestonTownship of St. P. St. M.

or

Inc. Town of Navy Yard

or

City of Charleston

(If birth occurs in a hospital or other institution, give name 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

10369

Registration District No. 909Registered No. 67

(For use of Local Registrar)

St. Ward(2) Full Name of Child Oliver Thomas Henry Raith

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

(6) Are Parents Married? yes(7) DATE OF BIRTH April 5, 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Thomas Henry Raith(9) PRESENT POSTOFFICE OF FATHER Navy Yard Charleston S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE St. Louis Mo(13) OCCUPATION Boiler Maker(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Neva Florence Rayth(15) PRESENT POSTOFFICE OF MOTHER Navy Yard Charleston S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 1:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. H. H. Thiel(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife North Charleston S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed April 11, 1922(28) Local Registrar L. F. Myers

*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.

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RECEIVED BY COUNTY CLERK WITH UNPAID FEE. 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.
 See also Columnar, Columns 5, 6, 7.