

## (1) PLACE OF BIRTH

County of RichlandTownship of Richland

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

Registration District No. 3801Registered No. 92  
(For use of Local Registrar)

## (2) Full Name of Child

Oliver Newman

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

(3) SEX OR

boy

(4) AGE

10

(5) NUMBER IN

10

(6) AGE

yes

(7) DATE OF

Sept 6, 23

BIRTH

(Name of child) (Day) (Year)

## FATHER.

(1) FULL NAME

Riley Newman

(2) PRESENT RESIDENCE OF FATHER

Blaney SC # 3

(3) COLOR OR RACE

white

(4) AGE AT LAST BIRTHDAY

40

(Years)

(5) ADDRESS

Fairfield Co SC

(6) OCCUPATION

Saw mill man

(7) Number of children born to mother, including present birth

10

## MOTHER.

(1) NAME BEFORE MARRIAGE

Lizzie Wilson

(2) PRESENT RESIDENCE OF MOTHER

Blaney SC # 3

(3) COLOR OR RACE

white

(4) AGE AT LAST BIRTHDAY

38

(Years)

(5) ADDRESS

Fairfield Co SC

(6) OCCUPATION

Housewife

(7) Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 6 at P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Blaney SC # 3

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date

Oct 1, 23

(28)

Willie Farmer

When there was no attending physician or midwife, the father, householder, etc., should make the report. If a child is born as stillborn, the report is desired of the mother. The name of the mother should be given.