

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly HillInc. Town of Holly Hill(City of Holly Hill)

(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. 3609

File No.—For State Registrar Only

4842

Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Clarence Oliver

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

3) SEX— BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>Feb. 11, 1923</u> (Name of Month) (Day) (Year)
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8) FULL
NAME FATHER9) PRESENT
POSTOFFICE
OF FATHER Holly Hill S.C.10) COLOR
OR
RACE White (11) AGE AT LAST
BIRTHDAY 47
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Lawyer20. Number of children born to
mother, including present birth 1114) NAME BEFORE
MARRIAGE Maggie Banzard15) PRESENT
POSTOFFICE
OF MOTHER Holly Hill S.C.16) COLOR
OR
RACE White (17) AGE AT LAST
BIRTHDAY 39
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21. 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 born alive at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) General Wells(24) State whether Physician or Midwife (25) Address of Physician or Midwife Holly Hill S.C.Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Mar. 9, 1923 (28) A. M. Deesmann
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.