

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

72990

Registration District No. 2209

Registered No. 402

(For use of Local Registrar)

## (2) Full Name of Child

Walter Mac Oxner

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

(3) BOY OR GIRL?

Boys

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug. 4, 1906

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Frank Oxner

(9) PRESENT POSTOFFICE OF FATHER

Greenville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45 (Years)

(12) BIRTHPLACE

Laurens S.C.

(13) OCCUPATION

miller man

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

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Francis Sanford

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

40 (Years)

(18) BIRTHPLACE

Laurens S.C.

(19) OCCUPATION

Domestic

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a. M., on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature)

J. C. [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Greenville

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 Aug 25 1916

(28) A. J. [Signature]

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.

McCaw, of Columbia.

THE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT "C" CH.

N. B.—LA CASH "T" TWIN OR TRIPLETS use a SEPARATE BLANK FIRST-BORN, No. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.