

WRITING PLAINLY, 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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA.		10041	
Township of <u>Highland</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>2211</u>		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Jessie Oliver</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>9</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 15 1916</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Thos. Oliver</u>			(14) NAME BEFORE MARRIAGE <u>Ema Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Campbells - N.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Campbells</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>41</u> (Years)		
(12) BIRTHPLACE <u>Missouri</u>			(18) BIRTHPLACE <u>N.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>7</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>9.40 A.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>D. E. Campbell</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Campbells</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			(27) Filed 191..... (28) Local Registrar		
Registrar					
*When there was no attending physician or midwife, then the father, householder, etc., must make the report. 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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