

WRITE 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 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Chas

Township of

or

Inc. Town of

or

City of Chas

(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

75957

Registration District No. 9A Registered No. 934

(For use of Local Registrar)

(2) Full Name of Child Thomas Bidd Ogilvie If child is not yet named, make supplemental report as directed(3) BOY OR
~~CHILD~~?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH Apr 12(Name of Month) (Day) (Year) 1916

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Matthew Ogilvie(9) PRESENT POSTOFFICE OF FATHER 8 Green St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Chas(13) OCCUPATION City Fire Dept(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Frances Smith(15) PRESENT POSTOFFICE OF MOTHER 8 Green St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3 (Years)(18) BIRTHPLACE Chas(19) OCCUPATION Wife(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 Born alive 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. J. Samuel

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 9/9 1916 (28) 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.