

(1) PLACE OF BIRTH

County of Rich.

Township of

or

Inc. Town of

or

City of Cola

(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

5042

Registration District No. 38thRegistered No. 1246
(For use of Local Registrar)(2) Full Name of Child Jim Rice Oyner

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb 6 1933</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Roy William Oyner(9) PRESENT POSTOFFICE OF FATHER Cola S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Paul Inez Lawrence(15) PRESENT POSTOFFICE OF MOTHER Cola S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:22 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1533 Assembly St.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/4 1933 (28) G. J. Sloan 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.