

UNION OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37885

County of Union

City of Union

In Town of Union

City of Union

Registration District No. 42-A

Registered No. 171

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child. Albert Woodrow Ochiltree

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

Sex of Child Boy (1) Twin or Triplet? (2) Number in order of birth (3) Are Parents Married (4) DATE OF BIRTH Nov 20 23 (5) (Name of Month) (Day) (Year)

FATHER. Full Name M L Ochiltree Present Postoffice of Father Union S.C. Color or Race white (11) AGE AT LAST BIRTHDAY 36 (Years) Birthplace Spartanburg Co S.C. Occupation Operative Cotton mill Number of children born to mother, including present birth Eight

MOTHER. (14) NAME BEFORE MARRIAGE Ollie Shiprock (15) PRESENT POSTOFFICE OF MOTHER Union S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years) (18) BIRTHPLACE Johnson Co. Tenn (19) OCCUPATION Domestic (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Stillborn) (Heard A. M. or P. M.) on the date above stated.

(23) (Signature) J. P. Saellay

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Name added from a supplemental report

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed 12-10-1923 (28) Local Registrar

When there was no attending physician or midwife, then the father, household, 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.

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