

(1) PLACE OF BIRTH

County of Berkeley
 Township of Easton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
63282

Registration District No. 708 Registered No. 188
 (For use of Local Registrar)
 (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Harriet Oliver { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25th 1916
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Burt Oliver
 (9) PRESENT POSTOFFICE OF FATHER Ferguson S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE Eady Town S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Era Oliver
 (15) PRESENT POSTOFFICE OF MOTHER Ferguson
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Eastonville
 (19) OCCUPATION Housewife
 (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 alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) Dinah Single
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ferguson S.C.

Given name added from a supplemental report
 _____, 191.....

 Registrar

(26) Witness E. W. Cross
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 28th 1916 (28) E. W. Cross
 Local Registrar

MARGIN RESERVED FOR BUNDLING.
 WHERE 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.
 McCraw, of Columbia

*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.