

(1) PLACE OF BIRTH

County of Florence
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

64270

or
 Inc. Town of Registration District No. 20-A Registered No. 157
 or
 City of Florence (No. 801 Maxwell) 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 Oela Harlow Voth { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 25 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Keta Harlow Voth

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE Darlington County.

(13) OCCUPATION Shop Hand

(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Washington

(15) PRESENT POSTOFFICE OF MOTHER Florence

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Darlington County.

(19) OCCUPATION house wife

(21) Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at Five 30 A M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eugenia Wilkins

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

Given name added from a supplemental report

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

(27) Filed July 3 1916 (28) M. H. Yarrow
 Registrar Deputy 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING 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.