

MARGIN RESERVED FOR BINDING.
 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.

(1) PLACE OF BIRTH

County of FloraTownship of Immersionville

Inc. TOWN of

City of

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

(2) Full Name of Child Crosby Oliver

File No.—For State Registrar Only

38370

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-2-15 Registered No. 85

(For use of Local Registrar)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Care Oliver

(9) PRESENT POSTOFFICE OF FATHER

Immersionville

(10) COLOR OR RACE

Col.(11) AGE AT LAST BIRTHDAY 44
(Years)

(12) BIRTHPLACE

Flora Co.

(13) OCCUPATION

Salvager

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Malla Sawhorn

(15) PRESENT POSTOFFICE OF MOTHER

Immersionville

(16) COLOR OR RACE

Col.(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Flora Co.

(19) OCCUPATION

Domestic

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 22, 1922R. H. Nelson
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.