

(1) PLACE OF BIRTH

County of RichTownship of /

or

Inc. Town of /City of Colo

(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

12580

Registration District No. 3.72Registered No. 51

(For use of Local Registrar)

St. No. 25 Church Ward(2) Full Name of Child Olivia Hazel Almon

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? /

To be answered only in event of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH March, 12, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Lee Almon(9) PRESENT POSTOFFICE OF FATHER Colo. S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Ala.(13) OCCUPATION Painter(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Polly Belle Sandridge(15) PRESENT POSTOFFICE OF MOTHER Colo. S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Almon

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

Physician 1533 Cambridge St.

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only on question 22 is signed by mark)

(27) Filed 4.1(28) Local Registrar W. H. Almon

*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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

*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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia