

(1) PLACE OF BIRTH
County of Charleston

Township of

or
Inc. Town

or
City of Charleston

(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

No. 6120 — For State Registrar Only

Registration District No. 9A Registered No. 348
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Sex Male (6) DATE OF BIRTH July 23, 23
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Oliver Dwyer
(9) PRESENT RESIDENCE OF FATHER 205 Ashley Ave
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
(12) BIRTHPLACE SC

(12) OCCUPATION Carpenter

(13) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Sally Cox
(15) PRESENT RESIDENCE OF MOTHER 205 Ashley Ave
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(18) BIRTHPLACE SC

(18) OCCUPATION Laundry

(19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Thos. A. Dwyer
(22) State whether Physician or Midwife Phys (23) Address of Physician or Midwife Charleston, S.C.

(24) (Given name added from a supplemental report)

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

(26) Filed 3 (27) Local Registrar J. Mendenhall

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.