

(1) PLACE OF BIRTH

County of Hankey

Township of B. P.

or

Inc. Town of Oliver A. C.

or

City of Oliver A. C.

If birth occurs in a hospital or other institution, give name of same instead of street and number. (No. .... St. .... Ward)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4601

File No. — For State Registrar Only

13716

Registered No. .... 62

(For use of Local Registrar)

(2) Full Name of Child Way, Irving

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

3. SOY OR GIRL Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

5-8-34  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

#### FATHER:

8. FULL NAME Troy E. Ayer

9. PRESENT POSTOFFICE OF FATHER Oliver A. C.

10. COLOR OR RACE white

11. AGE AT LAST BIRTHDAY 29  
(Years)

12. BIRTHPLACE S. C.

13. OCCUPATION Mechanic

#### MOTHER:

14. NAME BEFORE MARRIAGE Sarah Sanders

15. PRESENT POSTOFFICE OF MOTHER Oliver A. C.

16. COLOR OR RACE white

17. AGE AT LAST BIRTHDAY 29  
(Years)

18. BIRTHPLACE S. C.

19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 8

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 Alvin at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. Raymond

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Oliver A. C.

Given name added from a supplemental report. 1-40

(26) Witness

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

Martin B. Woodward, M. D.

Assistant State Registrar

(27) Filed June 8, 1934

(28) J. E. Bennett 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.

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