

## (1) PLACE OF BIRTH

County of

Township of

or  
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

No. for State Registrar Only

4845

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

Registered No. 77  
(For use of Local Registrar)

(No. St. Ward)

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 case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Feb 15 23  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Pauline Oliver

(9) PRESENT POSTOFFICE OF FATHER

Holly Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

34  
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

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

5

## MOTHER

(14) NAME BEFORE MARRIAGE

Marie Hunt

(15) PRESENT POSTOFFICE OF MOTHER

Holly Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

37  
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farm Hand

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

(28) 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.