

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.

McCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of O.C.G. 11th
Township of Carleton
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar

74084

Registration District No. 3500 Registered No. 147
(For use of Local Registrar)

(2) Full Name of Child William Ogley

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH: <u>Aug 26 1918</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Sam Ogley

(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Matilda Foster

(15) PRESENT POSTOFFICE OF MOTHER Westminster S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE G.A.

(19) OCCUPATION House wife

(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 Born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Matilda Ogley
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report
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..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 19 1918 (28) W. H. Cole 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.