

TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**(1) PLACE OF BIRTH**

County of Audersoo

Township of .....

or Inc. Town of Audersoo

or City of .....

(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  
**40730**

Registration District No. 3A

Registered No. 2491  
 (For use of Local Registrar)

**(2) Full Name of Child** David Feltou Osborn

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

(3) <b>BOY OR GIRL?</b> <u>X</u>	(4) <b>Twin or Triplet?</b> To be answered only in event of Twins or Triplets	(5) <b>Number in order of birth</b>	(6) <b>Are Parents Married?</b> <u>yes</u>	(7) <b>DATE OF BIRTH</b> <u>Nov. 26, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) **FULL NAME** David Feltou Osborn

(9) **PRESENT POSTOFFICE OF FATHER** Audersoo S.C.

(10) **COLOR OR RACE** white

(11) **AGE AT LAST BIRTHDAY** 27  
(Years)

(12) **BIRTHPLACE** Banks Co. Ga.

(13) **OCCUPATION** Cotton mill Oper.

(20) **Number of children born to mother, including present birth** 4

**MOTHER.**

(14) **NAME BEFORE MARRIAGE** Flora Lewis

(15) **PRESENT POSTOFFICE OF MOTHER** Audersoo S.C.

(16) **COLOR OR RACE** white

(17) **AGE AT LAST BIRTHDAY** 27  
(Years)

(18) **BIRTHPLACE** Hart Co. Ga.

(19) **OCCUPATION** House wife

(21) **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 alive at 3:00 2:00 P.M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. C. Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Audersoo S.C.

Given name added from a supplemental report  
see note on back  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

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

(27) Filed Dec 22 19 22

(28) **F. B. CRAYTON**  
 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 stillborns before the fifth month of pregnancy.

MCGRAW HILL BOOK COMPANY, COLUMBIA, S. C.

Personally appeared before me the undersigned,  
who, on oath, says that the attending physician erroneously  
reported the name of her daughter, Willie Laura, as Lena  
Mae. She states that the name should have been reported  
as Willie Laura Osborne.

(SIGNED) Flora Osborne  
(Mother)

Sworn to before me this 17 day  
of January 1940.

George Field  
(Notary Public)