

Form No. 1

## (1) PLACE OF BIRTH

County of Durham  
 Township of New Hope  
 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 Only

16240

Registration District No. 3612Registered No. 40  
(For use of Local Registrar)

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

(2) Full Name of Child Ethel May Oless

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

(3) BOY OR GIRL ..... (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 5/16/22  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Jessie Oless  
 (9) PRESENT POSTOFFICE OF FATHER Rowsville S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Year)  
 (12) BIRTHPLACE Okla Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Wilcox  
 (15) PRESENT POSTOFFICE OF MOTHER Rowsville S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE Okla Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Oless at 2 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Luzina S. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rowsville S.C.

Given name added from a supplemental report

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

(27) Filed 5/20/22 (28) J. O. Oless 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.

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.  
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.