

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.

MCCANN OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Orangeburg  
Township of city  
or  
Inc. Town of .....  
or  
City of Orangeburg  
(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

5221

Registration District No. 36ARegistered No. 20  
(For use of Local Registrar)(2) Full Name of Child Dorothy Blanche Osuel

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth X  
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 6, 1922  
(State of Month) (Day) (Year)(8) FULL NAME Dorothy Blanche Osuel(9) PRESENT POSTOFFICE OF FATHER Orangeburg(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Electrician(20) Number of children born to mother, including present birth 3(14) NAME BEFORE MARRIAGE Elizabeth Nielsen(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 22  
(Year)(18) BIRTHPLACE Norja(19) OCCUPATION Housewife(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 born ..... at 12 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. R. Osuel(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 2/28 19 22

(28)

(29) W. H. Hampton, D.D.S.  
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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