

(1) PLACE OF BIRTH

County of Greenville

Township of H. J. Island

or  
Inc. Town of .....

or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2211

Registered No. ....  
(For use of Local Registrar)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
43075

(2) Full Name of Child Lucinda Oliver

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 18 5  
(To be answered only in case of twins or triplets) (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Earle Oliver  
(9) PRESENT POSTOFFICE OF FATHER Campbell  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Dora King  
(15) PRESENT POSTOFFICE OF MOTHER Campbell  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(18) BIRTHPLACE Tenn  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born at 5:45 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Marshall  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Phys Campbell

Given name added from a supplemental report  
..... 191 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
J. H. Lindsey Local Registrar

(27) Filed ..... 191 ..... (28) .....

\*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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each CHILD. FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 8.  
N. B. State of Columbia  
McCREW