

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. Sec. 104, of Columbia
McCaw

(1) PLACE OF BIRTH
County of Greenville
Township of H. J. Blum
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
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Earle Oliver</u>	(14) NAME BEFORE MARRIAGE <u>Dora King</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Campbell</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Campbell</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>Tenn</u>	(19) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

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

Given name added from a supplemental report
191
Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 191 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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