

## (1) PLACE OF BIRTH

County of GreenvilleTownship of 1st

or Inc. Town of .....

City of Greenville

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

(2) Full Name of Child Marguerite Luise Olson

File No.—For State Registrar Only

18701

Registration District No. 22ARegistered No. 225  
(For use of Local Registrar)St.; 2nd Ward)

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 19, 1922</u> (Name of Month) (Day) (Year)
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FATHER.  
8) FULL NAME Matthew Gains Olson9) PRESENT POSTOFFICE OF FATHER Greenville S.C. 202 E. Carl St.10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 5-2  
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Cement Contractor20) Number of children born to mother, including present birth 3MOTHER.  
14) NAME BEFORE MARRIAGE Sally Ruth Stone15) PRESENT POSTOFFICE OF MOTHER Same16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 24  
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Housewife21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 1 a. M., on the date above stated. (Born alive or stillborn) (Hour "A." M. or P. M.)(23) (Signature) C. J. Gales M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville 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 June 28, 1922 (28) C. E. Smith 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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N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAM OF COLUMBIA, COLUMBIA, S. C.