

(1) PLACE OF BIRTH

County of WataugaTownship of HalsbrookeOF
Inc. Town of.....OR
City of.....

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

(2) Full Name of Child Elder Oglesby

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? (5) Number in order of birth 4(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 26 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Oglesby(9) PRESENT POSTOFFICE OF FATHER Ledge S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hetter Jones(15) PRESENT POSTOFFICE OF MOTHER Ledge S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive..... at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adeline Fairs

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ledge 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 March 6 1922 (28) H. S. McDaniel 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.

PLEASE PRINT FULLY WRITING INK—THIS IS A PERMANENT RECORD.
 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3633

Registration District No. 11.04 Registered No. 6.....
(For use of Local Registrar)

(No. St.; Ward)