

(1) PLACE OF BIRTH *W. B. Way* **CERTIFICATE OF BIRTH**

County of *Orangeburg* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Bellevue* State Board of Health
 or
 Inc. Town of *Country* Registration District No. *3605* Registered No. *16*
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
47059

(2) Full Name of Child *Eddie Oliver* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are *married* Parents Married? (7) DATE OF BIRTH *Jan 10 1919*
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Daniel Oliver*
 (9) PRESENT POSTOFFICE OF FATHER *Parlers S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *35* (Years)
 (12) BIRTHPLACE *W. B. Way, S.C.*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Flossie Johnson*
 (15) PRESENT POSTOFFICE OF MOTHER *Parlers S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *2* (Years)
 (18) BIRTHPLACE *W. B. Way, S.C.*
 (19) OCCUPATION *Farming*
 (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 *1st day of Jan 1919* on the date above stated. (Born alive or stillborn) (Hour *A.M.* or P. M.)

(23) (Signature) *J. H. G. ...* (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report) _____, 191...
 _____ Registrar

(26) Witness *Mellie Johnson* (Signature of witness necessary only when question 23 is signed by mark)
 (27) Filed *Jan 6 1919* (28) *H. Felder* Local Registrar

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.
 McCaw, of Columbia

*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.