

(1) PLACE OF BIRTH

County of AdlerTownship of Windsoror
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Oscar Tools

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH June 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Tools

(9) PRESENT POSTOFFICE OF FATHER

Windsor St

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 48
(Years)

(12) BIRTHPLACE

SE white pond st

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Goodwin

(15) PRESENT POSTOFFICE OF MOTHER

Windsor St

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 38
(Years)

(18) BIRTHPLACE

Edgefield Co

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Sound & born 6:00 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Harriet Allen Windsor St

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

6-20-22

(28)

O. L. Woods

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.