

FORM NO. 8. MALE IN MENSTRUATION. 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 2.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Edgefield
 Township of Pratt
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
64167

Registration District No. 1508 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Lucey O. Ogleheart 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>June 3 1916</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>George Denton</u>	(14) NAME BEFORE MARRIAGE <u>Bertine Ogleheart</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Edgefield S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Edgefield</u>			
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Edgefield</u>	(18) BIRTHPLACE <u>Edgefield</u>			
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>house duties</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. P. H. Shelton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Edgefield S.C.

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 June 10 1916 (28) J. A. Zimmerman 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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