

FORM NO. 1  
 WHITE 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 2.

(1) PLACE OF BIRTH

County of Edgefield  
 Township of Pickens

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 Lurey O. Oglethorpe

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1  
 (To be answered only in case of Twins or Triplets) (6) Are Parents Married? yes (7) DATE OF BIRTH June 3 1916  
 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME George T. Oglethorpe  
 (9) PRESENT POSTOFFICE OF FATHER Edgefield S.C.  
 (10) COLOR OR RACE n (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Edgefield  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Bertine Oglethorpe  
 (15) PRESENT POSTOFFICE OF MOTHER Edgefield  
 (16) COLOR OR RACE n (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Edgefield  
 (19) OCCUPATION house duties  
 (21) 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 alive at 9 A.M.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

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

Given name added from a supplemental report

(26) Witness J. A. Simmons (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed June 6 1916 (28) J. A. Simmons 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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