

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.

## (1) PLACE OF BIRTH

County of Orangeburg  
Township of Middleor  
Inc. Town of .....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

74319

Registration District No. 3620 Registered No. 8.2

(For use of Local Registrar)

## (2) Full Name of Child. .... { 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> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 31, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	---------------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME Thomas Abram Ozard

(9) PRESENT POSTOFFICE OF FATHER Orangeburg R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE Orangeburg Co. S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { ..... 3 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Ozard

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C. R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Orangeburg Co. S.C.

(19) OCCUPATION Household 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 born alive at ..... 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. Lister M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lawman 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 Aug 26 1916 (28) W. H. Dyer 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.