

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

(1) PLACE OF BIRTH

County of GlovereTownship of Motts

or

Inc. Town of

or

City of

(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

22183

Registration District No. 7012 Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Anna Corine Oliver

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 20, 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Robert M. Oliver(9) PRESENT POSTOFFICE OF FATHER Cowards, SC #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE So Cal(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Corine Baker(15) PRESENT POSTOFFICE OF MOTHER Cowards SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE So Cal(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cowards, SC

Given name added from a supplemental report

(26) Witness Arthur A. Kelly (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 7-11-22 (28) A. B. Kelly 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.