

RECEIVED 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.

McGraw-Hill, Columbia, S. C.

## (1) PLACE OF BIRTH

County of LancasterTownship of Waterloo

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.)

(2) Full Name of Child Charlie Milton Oxner

File No.—For State Registrar Only

35283

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No 2907 Registered No. 67

(For use of Local Registrar)

(No. ....) (St. ....) (Ward ....)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH Oct. 11, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME L(9) PRESENT POSTOFFICE OF FATHER L(10) COLOR OR RACE L (11) AGE AT LAST BIRTHDAY (Years) L(12) BIRTHPLACE L(13) OCCUPATION L(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Oxner(15) PRESENT POSTOFFICE OF MOTHER Waterloo S. Car.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 19(18) BIRTHPLACE Waterloo(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 9.35 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William G. B. B. B.(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Waterloo S. Car.

Given name added from a supplemental report

..... 19 .....

..... Registrar

(26) Witness G. C. B. B. (Signature of Witness necessary only when question 23 is signed by mark)(27) W. J. B. 1922 (28) F. B. B. 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.