

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41685

Registration District No.

Registered No.

(For use of Local Registrar)

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

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Mary Ella

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Nov 13 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

T. M. Oliver

(9) PRESENT POSTOFFICE OF FATHER

Mt. Croghan S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

H. - Rulley S.C.

(13) OCCUPATION

Farmer.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie Gibson

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Croghan S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Mt. Croghan S.C.

(19) OCCUPATION

House work

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

4

(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 born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report.

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Registrar

(28) 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 fourth month of pregnancy.