CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
42788

(1) PLACE OF BIRTH
County of Florence
Township of .....
or
Inc. Town of Lake City Registration District No. 2 B Registered No. .....
(For use of Local Registrar)
or
City of ..... (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 Ernnies Lemar Osborn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy
(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 Oct 10th 1918 (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ezra Osborn
(9) PRESENT POSTOFFICE OF FATHER Lake City SC
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Lake City
(13) OCCUPATION Carpenter
(20) Number of children born to mother, including present birth two

MOTHER.
(14) NAME BEFORE MARRIAGE Caroline Osborn
(15) PRESENT POSTOFFICE OF MOTHER Lake City
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Lake City SC
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 (Hour) A. M. or P. M.) on the date above stated.

(23) (Signature) Elsie Lockfield
(24) State whether Physician or Midwife midwife
(25) Address of Physician or Midwife Lake City

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 Dec 11 1918 (28) C. D. Rollins
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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