

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Florence STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Lincolnton State Board of Health

File No.—For State Registrar Only

40000

Inc. Town of Registration District No. 204 Registered No. 9
 or (For use of Local Registrar)
 City of (No. St.; Ward)
 (if birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child Jessie May Oliver If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex Female (7) DATE OF BIRTH 13 6
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER Ervin Oliver MOTHER Nettie Lawton

(9) PRESENT POSTOFFICE OF FATHER MONSVILLE, S. C. (15) PRESENT POSTOFFICE OF MOTHER MONSVILLE, S. C.

(13) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years) (Years)

(12) BIRTHPLACE SC (18) BIRTHPLACE SC

(13) OCCUPATION Farmer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Barbara D. Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife MONSVILLE, S. C.

Given name added from a supplemental report

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

(27) Filed 1911 (28) Ch. D. Smith 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.

REMARKS: WITH UNFOLDING ATTACHMENT, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.