

(1) PLACE OF BIRTH

County of Lancaster

Township of

Inc. Town of Lancaster

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 28aNo. 41168Registered No. 93
(For use of Local Registrar)

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

(2) Full Name of Child

Osman

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 2 (7) DATE OF BIRTH Dec 4 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. E. Osman(9) PRESENT RESIDENCE OF FATHER Lancaster, S.C. R.R.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE Lancaster Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Elna Clemmons(15) PRESENT RESIDENCE OF MOTHER Lancaster S.C. R.R.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE Keeshaw Co., S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by M.D.)

(26) Filed 1-1-24 (27) Registrar [Signature]

*When there was no attending physician or midwife, then the father, housewife, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is to be made before the fifth month of pregnancy.

N. B.—In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.