

(1) PLACE OF BIRTH

County of Harvey
 or
 Township of Conway
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11546

Registration District No. 2502Registered No. 47
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

March 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Joe Oliver

(9) PRESENT POSTOFFICE OF FATHER

Conway SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

Harvey Co

(13) OCCUPATION

Mechanic

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Ana Elzabeth Jordan

(15) PRESENT POSTOFFICE OF MOTHER

Conway SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Harvey Co

(19) OCCUPATION

Housewife

(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 born at Conway M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 4:30 a(23) (Signature) H. K. Scarborough

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Conway SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 18 1922

(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 fifth month of pregnancy.

Registrar

Local Registrar

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