

(1) PLACE OF BIRTH

County of Lexington
 Township of Holborn Creek

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

41586

Inc. Town of Registration District No. 3108 Registered No. 36
 (For use of Local Registrar)
 City of (No. Word)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child RALPH LEE OLIVER If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>0</u> To be answered only in case of twins or triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Sept 28</u> 19 <u>23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Frederick Oliver</u>		(9) NAME BEFORE MARRIAGE <u>Isabella E. Baker</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Lexington, S.C.</u>		(10) PRESENT POSTOFFICE OF MOTHER <u>Zenith, S.C.</u>		
(11) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(15) BIRTHPLACE <u>Lexington, S.C.</u>		(15) BIRTHPLACE <u>Saluda Co.</u>		
(16) OCCUPATION <u>Farmer</u>		(16) OCCUPATION <u>Farmer</u>		
(17) Number of children born to father, including present birth <u>4</u>		(17) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on Sept 28 1923 at Lexington, S.C.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) I. L. Baker
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife
Lexington, S.C.

When name added from a supplemental report

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

(26) Filed Jan 10, 1924 (27) I. L. Baker 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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