

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Sumter  
Township of Rocky creek  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36579

Registration District No. 1126 Registered No. 90  
(For use of Local Registrar)

(No. 1st 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 Lina O. Ostrum 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) Are Parents Married? yes (7) DATE OF BIRTH Oct. 13 1922  
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>William Ostrum</u>		(14) NAME BEFORE MARRIAGE	<u>Hattie Hail</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Rombeat SC</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Rombeat SC</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)		(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Sumter co</u>			(18) BIRTHPLACE <u>Sumter co</u>		
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>18</u>			(21) Number of children of this mother now living, including present birth <u>18</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary S. Ostrum  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Rombeat SC

Given name added from a supplemental report .....  
(26) Witness M. O. Hail (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Oct. 19 1922 (28) M. O. Hail 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.