

THIS IS A PERMANENT RECORD.
 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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville
 Township of O. Neal
 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

52436

Registration District No. 2213

Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Olie Vera Thurman

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan. 26, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Thomas Thurman

(9) PRESENT POSTOFFICE OF FATHER P.#3. Green S.S.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Piedmont S.S.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Henry

(15) PRESENT POSTOFFICE OF MOTHER P.#3. Green S.S.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 29
(Years)

(18) BIRTHPLACE O. Neal S.S.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 10.30 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) David B. Jackson, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
P.#3 Green S.S.

Given name added from a supplemental report

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

(27) Filed Apr. 3, 1916 (28) Albert W. Neves
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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