

(1) PLACE OF BIRTH

County of Bauchers

Township of

Inc. Town of

City of Bauchers

(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

No. 43639

43639

Registration District No. 4ARegistered No.
(For use of Local Registrar)(2) Full Name of Child Oliver Wendell StokesIf child is not yet named, make
supplemental report as directed(3) SEX OF CHILD Boy (4) Type or Weight To be reported only in event of Twin or Triplets (5) Number in order of birth yes (6) DATE OF BIRTH Oct 20 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. H. Stokes(9) PRESENT RESIDENCE OF FATHER Bauchers(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Bauchers(13) OCCUPATION Cashier Bank(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Creech(15) PRESENT RESIDENCE OF MOTHER Bauchers(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37
(Year)(18) BIRTHPLACE Bauchers(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Male on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. [illegible](24) State whether Physician or Midwife (25) Address of Physician or Midwife Bauchers

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/17 (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.