

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. *Horace Perry Oliver*(3) BOY OR  
GIRL? *Boy*(4) Twin  
or Triplet?(5) Number in  
order of birth *8*(6) Are  
Parents  
Married? *Yes*(7) DATE OF  
BIRTH *June 19 1916*

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL  
NAME *Jasper Oliver*(9) PRESENT  
POSTOFFICE  
OF FATHER *Central S.C. R.F.D. #3*(10) COLOR  
OR  
RACE *Colored*(11) AGE AT LAST  
BIRTHDAY *48*

(Years)

(12) BIRTHPLACE *Anderson Co.*(13) OCCUPATION *Farmer*(20) Number of children born to  
mother, including present birth *8*(14) NAME BEFORE  
MARRIAGE *Laura Williams*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Central R.F.D. #3*(16) COLOR  
OR  
RACE *Neer*(17) AGE AT LAST  
BIRTHDAY *33*

(Years)

(18) BIRTHPLACE *Pickens Co*(19) OCCUPATION *Housewife*(21) Number of children of this mother  
now living, including present birth *8*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3:00 P.M.*  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Lawrence E. Johnston*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Central S.C.*Given name added from a supplemen-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *8/10* 1916(28) *J. D. Bearden*  
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.\*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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

69983

Registration District No. *3200* Registered No. *88*

(For use of Local Registrar)

St.; ..... Ward)

(No. ....)

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