

## (1) PLACE OF BIRTH

County of Mecklenburg  
 Township of Transylvania  
 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 this Register

4026

Registration District No. 2225 Registered No. 13  
 (For use of Local Registrar)

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

(2) Full Name of Child James Hudson Oliver If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet X (5) Number in order of birth X (6) Age of Parent 32 (7) DATE OF BIRTH Feb 5 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Kerry Oliver  
 (9) PRESENT POSTOFFICE OF FATHER Princeton, N.J.  
 (10) COLOR OR RACE Wh. (11) AGE AT LAST BIRTHDAY 60  
 (12) BIRTHPLACE D.C.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Martha Lucier  
 (15) PRESENT POSTOFFICE OF MOTHER Princeton, N.J.  
 (16) COLOR OR RACE Wh. (17) AGE AT LAST BIRTHDAY 37  
 (18) BIRTHPLACE D.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Oliver at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James P. Knight(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Home with D.C.

Given name added from a supplemental report

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

(27) Filed Feb 10 1923 (28) James P. Knight Local Registrar.

If a child breathes even once, it must not be reported as stillborn. No report is required until the fifth month of pregnancy.

ISSUED THE NINTH MONTH OF PREGNANCY.