

FORM NO. 1.

(1) PLACE OF BIRTH

County of Chester  
Township of Rosselle

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

48556

Inc. Town of ..... Registration District No. 1102 Registered No. 10  
(For use of Local Registrar)City of ..... (No. .... 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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Farther Oglesby(9) PRESENT POSTOFFICE OF FATHER Great Falls SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Work in Cotton Mill(14) Number of children born to mother, including present birth { 2 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula McKeon(15) PRESENT POSTOFFICE OF MOTHER Great Falls SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION —(20) Number of children of this mother now living, including present birth { 1 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1 P M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. P. McKeon(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
M.D. Great Falls SC

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 2/29 1916 (28) R. F. Varnado  
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.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH. 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 3.  
MAY 1916