

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Hebron
 or
 Inc. Town of Livingston
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18720

Registration District No. 3608 Registered No. 29
 (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) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 12 23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>J. D. Hurts</u>		(14) NAME BEFORE MARRIAGE <u>Love Jefferson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Livingston S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Livingston S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)	
(12) BIRTHPLACE <u>Orangeburg S.C.</u>		(18) BIRTHPLACE <u>Orangeburg S.C.</u>		
(13) OCCUPATION <u>Telegraph operator</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Boice Oliver at 10 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Carr
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife
Hebron S.C.

Given name added from a supplement-
 tal report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
July 14 23 (27) W. C. Carr 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.