

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

90084

Registration District No. 2208

Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Ola Pitman

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Francis William Pitman

(9) PRESENT POSTOFFICE OF FATHER

Landrum S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28 (Years)

(12) BIRTHPLACE

Galt Co. N.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Evelyn Blackwell

(15) PRESENT POSTOFFICE OF MOTHER

Landrum S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

Greenville Co. S.C.

(19) OCCUPATION

Housewife

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

R. S. Christopher

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Landrum S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1914

(28)

Y. V. Phillips

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.

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At the end 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 5.

aCraw. of Columbia.

Mac Mc