

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Amherst

Inc. Town of

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

4880

Registration District No. 3614Registered No. 12
(For use of Local Registrar)(2) Full Name of Child Issie Oliver

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

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|-----------------------------|---|-----------------------------|-----------------------------------|---|
| 3) BOY OR GIRL? <u>girl</u> | 4) Twin or Triplet? <u>To be answered only in case of Twin or Triplet</u> | 5) Number in order of birth | 6) Are Parents Married? <u>No</u> | 7) DATE OF BIRTH <u>Feb 12 1943</u> (Name of Month) (Day) (Year) |
|-----------------------------|---|-----------------------------|-----------------------------------|---|

FATHER.

8) FULL NAME Archie Oliver9) PRESENT POSTOFFICE OF FATHER Ellmore S. S.10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Year)12) BIRTHPLACE Orangeburg Co13) OCCUPATION Farmer20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Edna Oliver15) PRESENT POSTOFFICE OF MOTHER Ellmore S. C.16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Year)18) BIRTHPLACE Orangeburg Co19) OCCUPATION House Wife21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P. M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Lizzie D. Ash(24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Ellmore 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 Feb 15 1943 (28) J. J. D. D. D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH SPREADING INK—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 QUESTIONS 3 AND 4.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.