

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46022

Registration District No. 511

Registered No.

(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. Oliver Suggs

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

Is answered only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Suggs

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

6

(14) NAME BEFORE MARRIAGE Anna Odow

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Oliver Suggs on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from supplemental report

(26) Witness

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

(27) Filed Jan 21 1911

(28)

Local Registrar

If the attending physician or midwife, then the father, householder, etc., should make this return. If the father, householder, etc., must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.

USE THESE TABLES, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

Do not use 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.

FORM NO. 4

STATE OF SOUTH CAROLINA

BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH