

(1) PLACE OF BIRTH

County of MarchTownship of Red Hillor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3367

File No.—For State Registrar Only

39440

Registered No. 48
(For use of Local Registrar)

St. Ward

(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 Lois Audrey Oliver

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 — (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 6 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Watson Oliver(9) PRESENT POSTOFFICE OF FATHER Bennettville SC(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Robeson Co. NC(13) OCCUPATION Fertile(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Park Britt(15) PRESENT POSTOFFICE OF MOTHER Bennettville SC(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE March(19) OCCUPATION Domestic(21) 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 Born Alive at 1:40 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Angela Jenkins (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 112 Liberty St

Given name added from a supplemental report

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

(27) Filed Dec 14 1922 (28) H. H. Evans 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.