

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or
Inc. Town ofor
City of Georgetown

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child OSCAR-GERANT-OUTLAW

(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 4(6) Are Parents Married yes(7) DATE OF BIRTH July 6 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME OSCAR-OUTLAW(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Conway - S.C.(13) OCCUPATION Steam engineer(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE BLANCHE-BELL-BAXLEY(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE N.C.(19) OCCUPATION housekeeping(20) 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 Born alive 4:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. G. Allen - M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Georgetown 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 Aug. 14 1923 (28) Mrs. R. J. King
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
Medium of Columbia, Columbia, S. C.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. for State Registrar Only
21014Registration District No. 2/4 Registered No. 43
(For use of Local Registrar)(No. 316 Cleelan St.; Ward)