

## (1) PLACE OF BIRTH

County of *Albemarle*Township of *Schultz*

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

No. 1a.—For State Registrar Only

2682

Registration District No. *213* Registered No. .... *3* .....  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)

(2) Full Name of Child *Oliver Earl* If child is not yet named, make supplemental report as directed(3) SEX OR GUILD *Girl* (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age *Year* (6) DATE OF BIRTH *Feb 15 1918*  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Solomon Earl</i>	(14) NAME BEFORE MARRIAGE <i>Jessie En Quinn</i>	(9) PRESENT RESIDENCE OF FATHER <i>Augusta, Ga</i>	(15) PRESENT RESIDENCE OF MOTHER <i>Augusta, Ga</i>
(10) COLOR OR RACE <i>Colored</i>	(11) AGE AT LAST BIRTHDAY <i>21</i> (Years)	(16) COLOR OR RACE <i>Colored</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)
(12) BIRTHPLACE <i>...</i>	(13) OCCUPATION <i>farming</i>	(18) BIRTHPLACE <i>...</i>	(19) OCCUPATION <i>farming</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* ..... at *8* ..... P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Jessie En Quinn* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Augusta, Ga*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *July 17 1918* (28) *J. R. Medlock* 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.