

WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID)—THIS IS A PERMANENT RECORD.

N. B.—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 question 5.

## 1 PLACE OF BIRTH

County of Roadsboro  
Magisterial District of \_\_\_\_\_  
orInc. Town of \_\_\_\_\_  
orCity of Roadsboro (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

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

CERTIFICATE OF BIRTH  
COMMONWEALTH OF VIRGINIA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only.

3225

115

Registration District No. 2800 Registered No. \_\_\_\_\_  
(For use of Local Registrar)

## 2 Full Name of Child

Mary Elizabeth Oley  
(Do not write in this space 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

Jan271917

(Name of Month)

(Day)

(Year)

8 FULL NAME

W.M. Oley

9 PRESENT ADDRESS OF FATHER

1107 Rke St Roadsboro

10 WHITE OR COLORED

W.

11 AGE AT LAST BIRTHDAY

27

(Years)

12 BIRTHPLACE

Montvale Va

13 OCCUPATION

Physician

20 Number of children born to this mother, including present birth

1st.

MOTHER

14 FULL NAME BEFORE MARRIAGE

Mary Hurston

15 PRESENT ADDRESS OF MOTHER

1107 Rke St.

16 WHITE OR COLORED

W.

17 AGE AT LAST BIRTHDAY

21

(Years)

18 BIRTHPLACE

Henry Co Va

19 OCCUPATION

Housewife

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22 I hereby certify that I attended the birth of this child, who was Alive, at 830 A.M., on the date above stated.  
(Born Alive or Stillborn) (Hour A. M. or P. M.)23 (Signature) H. S. Slicer

24 State whether Physician or Midwife

Physician

25 Address of Physician or Midwife

Roadsboro

26 Witness

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

27 Filed Jan. 29 1917 28 W. B. Foster

(Date received by Registrar)

LOCAL REGISTRAR.

Additional information as to questions added from a supplemental report.

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.