

(1) PLACE OF BIRTH

County of Leicester

Township of

or
Inc. Town ofCity of Leicester

(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

File No.—For State Registrar Only

64967

Registration District No. 28W Registered No. 39

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Robert Fraser(14) NAME BEFORE MARRIAGE Olessa Clyburn(9) PRESENT POSTOFFICE OF FATHER Leicester(15) PRESENT POSTOFFICE OF MOTHER Leicester S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE Leicester Co(18) BIRTHPLACE Leicester Co(13) OCCUPATION Farmer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4(21) 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 at 9:50 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Rebecca A. Carthan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Leicester S.C.

Given name added from a supplemental report

(26) Witness J. T. Thompson (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 24 1916 (28) J. T. Thompson 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.

WRITE PLAINLY, WITH UNFADING INK—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.

McCauley of Columbia.