

(1) PLACE OF BIRTH  
 County of Lancaster

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**64967**

Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Lancaster

Registration District No. 28A Registered No. 39  
 (For use of Local Registrar)  
 (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 ..... { 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

**FATHER.**  
 (8) FULL NAME Robert Fraser  
 (9) PRESENT POSTOFFICE OF FATHER Lancaster  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
(Years)  
 (12) BIRTHPLACE Lancaster Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Olessa Clyburn  
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 50  
(Years)  
 (18) BIRTHPLACE Lancaster Co  
 (19) OCCUPATION Housewife  
 (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. Carsthan  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

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

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.  
 McCaw of Columbia.

\*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.