

(1) PLACE OF BIRTH

County of Calhoun

Township of Seymour

or  
Inc. Town of .....

City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63312

Registration District No. 802 Registered No. 74  
(For use of Local Registrar)

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

(2) Full Name of Child Jno. Oliver Mesner, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>1</u> <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 3</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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### FATHER.

(8) FULL NAME Jno. Oliver Mesner

(9) PRESENT POSTOFFICE OF FATHER Cameron & C

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 53 (Years)

(12) BIRTHPLACE Savannah, Ga

(13) OCCUPATION Manufacturer

(20) Number of children born to mother, including present birth One

### MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Cook

(15) PRESENT POSTOFFICE OF MOTHER Cameron & C

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Calhoun Co

(19) OCCUPATION House wife

(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 8:45 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cameron & C

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed June 4 1916 (28) W. S. Keller 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.

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N. B.—IN CASE OF TWINS OR TRIPLETS, THIS REPORT IS TO BE FILED AS A FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw of Columbia.