

N. B. In case of TWINS or TRIPLETS use a SEPARATE REPORT for each CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Bamberg
Township of Thruville
or
Inc. Town of
or
City of P.O. Glas

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

File No.—For State Registrar Only
58674

Registration District No. 404 Registered No. 50
(For use of Local Registrar)

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

(2) Full Name of Child Hallie Edward Ayer } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH May, 2 1916
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Ayer
(9) PRESENT POSTOFFICE OF FATHER Glas, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Bamberg County
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth } Five

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Williams
(15) PRESENT POSTOFFICE OF MOTHER Glas, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Barnwell Co
(19) OCCUPATION at Home
(21) Number of children of this mother now living, including present birth } Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. Manning Brathorn
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Glas, S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 6/12 1916 (28) J. J. Herndon 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.