

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Bamberg  
Towship of Buffalo & Bridge  
or  
Inc. Town of Oluse  
of  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

13710

Registration District No. 491 Registered No. 576  
(For use of Local Registrar)

(2) Full Name of Child Sara Liss

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? yes (7) DATE OF BIRTH May 16 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Matthew Liss  
(9) PRESENT POSTOFFICE OF FATHER Oluse Sc  
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 43 (Year)  
(12) BIRTHPLACE Sc  
(13) OCCUPATION farmer  
(22) Number of children born to mother, including present birth 8

MOTHER.  
(14) NAME BEFORE MARRIAGE Pearlie Glover  
(15) PRESENT POSTOFFICE OF MOTHER Oluse Sc  
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 33 (Year)  
(18) BIRTHPLACE Sc  
(19) OCCUPATION farm laborer  
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Harrison Mathey  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Oluse Sc

Give name address from a supplemental report

(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed May 20 1922 (28) J. E. Bennett Local Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make his 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.