

(1) PLACE OF BIRTH

County of BambergTownship of Buffalo BridgeInc. Town of OlneyCity of Olney

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 401No. 284 - For State Registrar OnlyRegistered No. 3
(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 Minnie Elmer If child is not yet named, make supplemental report as directed

(3) SEX <u>GIRL</u>	(4) Type or Type To be entered only in case of Twin or Triplets	(5) Number in order of birth <u>2</u>	(6) Age at birth <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 27, 1918</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Demey Elmer(9) PRESENT POSTOFFICE OF FATHER Olney(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Mr. B. H. Keiser(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee Orr(15) PRESENT POSTOFFICE OF MOTHER Olney(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE Mr. B. H. Keiser(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 P. M. on the date above stated. (Born alive countdown) (Hour A. M. or P. M.)(23) (Signature) Shirley Maye(24) State whether Physician or Midwife(25) Address of Physician or Midwife Olney

Given name added from a supplemental report

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

(27) Filed James 23 (28) J. E. Bennett 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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MAINTAIN SEPARATE RECORD FOR BIRTHING.

WRITE PLAINLY. WITH SPACING. THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.