

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.  
McGaw, of Columbia.

## (1) PLACE OF BIRTH

County of ClarendonTownship of Manningor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76441

Registration District No. 1207 Registered No. 65

(For use of Local Registrar)

(2) Full Name of Child Saisy Oliver { If child is not yet named, make supplemental report as directed(3) ~~MALE~~ OR  
GIRL?(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? yes(7) DATE OF  
BIRTH Sept 4, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Robert Oliver(9) PRESENT  
POSTOFFICE  
OF FATHER Manning S.C.(10) COLOR  
OR  
RACE Colored. (11) AGE AT LAST  
BIRTHDAY 27  
(Years)(12) BIRTHPLACE  
Williamsburg County S.C.(13) OCCUPATION  
Farming(20) Number of children born to  
mother, including present birth { 7 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Lilly Abraham(15) PRESENT  
POSTOFFICE  
OF MOTHER Manning S.C.(16) COLOR  
OR  
RACE Colored (17) AGE AT LAST  
BIRTHDAY 26  
(Years)(18) BIRTHPLACE  
Clarendon County S.C.(19) OCCUPATION  
Farming(21) Number of children of this mother  
now living, including present birth { 7 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at Seebach A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza J. Severance

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Manning S.C.Given name added from a supplement  
report

..... 191.....

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Registrar(26) Witness R. H. Halladay(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept 19, 1916 (28) H. S. Todd

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.