

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**71230**

(1) PLACE OF BIRTH

County of Anderson  
Township of Belton  
or  
Inc. Town of .....  
or  
City of Horse

Registration District No. 300 Registered No. 117  
(For use of Local Registrar)

(2) Full Name of Child Ollie Horse Tollison } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 11, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Ollie R. Tollison  
(9) PRESENT POSTOFFICE OF FATHER Belton SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Belton  
(13) OCCUPATION merchant  
(20) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Madaraj Todd  
(15) PRESENT POSTOFFICE OF MOTHER Belton SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)  
(18) BIRTHPLACE Belton SC  
(19) OCCUPATION house wife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. R. Haynes, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Belton SC

Given name added from a supplemental report  
U.S. 4-28-50  
TPF JUB  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 1, 1916 (28) J. S. Coker 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.

McGraw-Hill Co. of Columbia, S. C. FIRST-PORN, No. 1. THE OTHER, No. 2, etc. in question 5. **PLEASE PRINT FULL NAME FOR BIRTH AND MARRIAGE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT.**