

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

File No.—For State Registrar Only  
**71257**

(1) PLACE OF BIRTH  
 County of Anderson  
 Township of Cornelia  
 or  
 Inc. Town of ..... Registration District No. 304 Registered No. 111  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Otis Frazier Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of Birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 19</u> 19 <u>66</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Otis Frazier</u>			(14) NAME BEFORE MARRIAGE <u>Marie Gaines</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>wa</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>wa</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Georgia</u>			(18) BIRTHPLACE <u>Georgia</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth { <u>1</u>			(21) Number of children of this mother now living, including present birth { <u>1</u>	

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

(22) I hereby certify that I attended the birth of this child, who was alive at 2-30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannah Mauldin  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife wa

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness Mrs. S. M. M.  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Aug 18 1916. (28) L. M. McAdams 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.

ALABAMA—IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 McEaw of Columbia  
 WAITER ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 ALABAMA—IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE