

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

File No. 84370 For State Registrar Only  
 (For use of Local Registrar)

(1) PLACE OF BIRTH  
 County of Bamberg  
 Township of Three Mile  
 or  
 Inc. Town of ..... Registration District No. 404 Registered No. 147  
 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 Gladys Elsie Ayer } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 14 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Halcat B. Ayer  
 (9) PRESENT POSTOFFICE OF FATHER Olar, S C  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Galmer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Winnie Kinard  
 (15) PRESENT POSTOFFICE OF MOTHER Olar S C  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

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

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) H. M. Abraham  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Olar, S C

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

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov. 20, 1916 (28) G. J. Anderson 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.

SPECIAL INSTRUCTIONS FOR REGISTRARS: THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE SLIP FOR EACH CHILD, AND MARK THE SLIP WITH "TWIN" OR "TRIPLET" IN THE MARGIN. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE SLIP FOR EACH CHILD, AND MARK THE SLIP WITH "TWIN" OR "TRIPLET" IN THE MARGIN. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE SLIP FOR EACH CHILD, AND MARK THE SLIP WITH "TWIN" OR "TRIPLET" IN THE MARGIN.

