

16 093400

FILE No.—For State Registrar Only

00277

1. PLACE OF BIRTH

County of Clarendon
 Township of Manning
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

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

Registration District No. 1307 Registered No. 48
 (For use of Local Registrar)

(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

Oscar Frasier

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth... 1 6. Premature _____ Full term yes 7. Are Parents Married? yes 8. Date of birth May 26th, 1916
 (Month, day, year)

9. Full name James Frasier FATHER8. Name before marriage Greg Butler MOTHER10. Residence (mailing address) (If non-resident, give place and State) Manning19. Residence (mailing address) (If non-resident, give place and State) Manning11. Color or race col 12. Age at last birthday 35 (Years)20. Color or race col 21. Age at last birthday 30 (Years)13. Birthplace (city or place) (State or country) S.C.22. Birthplace (city or place) (State or country) S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 P m. on the date above stated.
 (Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
 (Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____
 (Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____
 a supplementary report _____
 (Date of)

(Signed) _____, M.D.

or Loise King Midwife.

Address Manning S.C.

Filed Aug 5, 1916 J. E. Howard

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

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