

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)

16 093400

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00277

1. PLACE OF BIRTH

County of Clarendon

Township of Manning

or
Inc. Town of

City of

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

If Plural births

4. Twin, triplet or other

5. Number, in order of birth

6. Premature

7. Are Parents

8. Date of birth

May 26th, 1916

9. Full name

FATHER

James Frasier

18. Name before marriage

MOTHER

Frances Butler

10. Residence (mailing address)

(If non-resident, give place and State) Manning

19. Residence (mailing address)

(If non-resident, give place and State) Manning

11. 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.

Farmer

23. 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 _____ Midwife

Address Manning

Filed Aug 5, 1916

Registrar

Registrar