

(1) PLACE OF BIRTH

County of *York*Township of *Pletheden*

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 5505

Registration District No. *4401* Registered No. *10*
(For use of Local Registrar)(2) Full Name of Child *Frazier Jr.*

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

(1) BOY OR GIRL <i>boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 4 1928</i> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>Frazier Saunders</i>	(14) NAME BEFORE MARRIAGE <i>Colie</i>
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(9) PRESENT POSTOFFICE OF FATHER <i>M. Connellsville SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>M. Connellsville SC</i>
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(10) COLOR OR RACE <i>Negro</i>	(11) AGE AT LAST BIRTHDAY <i>about 40</i> (Years)	(16) COLOR OR RACE <i>Negro</i>	(17) AGE AT LAST BIRTHDAY <i>about 38</i> (Years)
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(12) BIRTHPLACE <i>S.C.</i>	(18) BIRTHPLACE <i>S.C.</i>
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(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>Domestic + field</i>
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(20) Number of children born to mother, including present birth <i>5</i>	(21) Number of children of this mother now living, including present birth <i>5</i>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive (al)* at *4 a* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <i>Allen Carter</i>	(24) State whether Physician or Midwife <i>Midwife</i>	(25) Address of Physician or Midwife <i>M. Connellsville, S.C.</i>
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Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Jan 10 1928* (28) *J. H. Rose* 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 stillborns before the fifth month of pregnancy.