

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH SPACING FOR THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 3. M. McGraw, of Columbia

(1) PLACE OF BIRTH  
 County of Florence  
 Township of Lee  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

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

File No.—For State Registrar Only  
**42828**

Registration District No. 2078 Registered No. V-2  
 (For use of Local Registrar)

2) Full Name of Child James James Frierson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <small>To be answered only in case of Twin or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 17 1915</u> <small>(Name of Month) (Day) (Year)</small>
FATHER		MOTHER		
(8) FULL NAME <u>James Frierson</u>		(14) NAME BEFORE MARRIAGE <u>May Graham</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wraaton S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Scranton</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Williamburg</u>		(18) BIRTHPLACE <u>Florence Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Housewife</u>		
20) Number of children born to mother, including present birth <u>3</u>		21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 1 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Vernell Frierson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Scranton S.C.

Given name added from a supplemental report  
 ..... 181.....  
 Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 12/23 1915 (28) R.L. Carter  
 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.