

(1) PLACE OF BIRTH

County of Sumter
 or
 Township of Providence
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79462

Registration District No. 4105 Registered No. 117
 (For use of Local Registrar)

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 Irene Frasier (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? yes (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 19 1916
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Essex Frasier</u>	(14) NAME BEFORE MARRIAGE <u>Lula Barnes</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Providence S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Providence S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>61</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Domestic</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
(13) OCCUPATION <u>Farmer</u>			
(9) Number of children born to mother, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5-2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Frank Grant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Providence S.C.
 Given name added from a supplemental report
 (26) Witness Mrs. Eva Burkett (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 8-26-1916 (28) B. McLaughlin 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.