

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, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Anderson
Township of Cantonville
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. 303

16 092984

FILE No.—For State Registrar Only

03848

Registered No. 31
(For use of Local Registrar)

2. FULL NAME OF CHILD

William Arthur Frazier

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

3. Boy ☒ Girl ☐ If Plural births { 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents..... 8. Date of birth.....
5. Number, in order of birth..... Full term..... Married?.....
Sept 17, 1914
(Month, day, year)

9. Full name William Frazier FATHER

18. Name before marriage Marie Kasey MOTHER

10. Residence (mailing address) (If non-resident, give place and State).....

19. Residence (mailing address) (If non-resident, give place and State).....

11. Color or race Caucasian 12. Age at last birthday 44 (years)

20. Color or race Caucasian 21. Age at last birthday 42 (years)

13. Birthplace (city or place) (State or country) S.C.

22. Birthplace (city or place) (State or country).....

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wagon
16. Date (month and year last) engaged in this work..... 17. Total time (years) spent in this work See file

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wagon
25. Date (month and year last) engaged in this work..... 26. Total time (years) spent in this work See file

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 10 (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.....at.....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) Wm. Frazier Foster, M. D.
or Wm. Frazier Foster, Midwife

Address.....

Filed Jan 4th, 1914 W.F. Kasey Jr.
Registrar.