

# (1) PLACE OF BIRTH

County of Lexington

Township of Saluda

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.)

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

File No.—For State Registrar Only  
**65289**

Registration District No. 311 Registered No. 21  
(For use of Local Registrar)

Sl.; ..... Ward

(No. ....) If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Edgar Ray Frick

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1916  
(Name of Month) (Day) (Year)

(To be answered only in case of Twins or Triplets)

FATHER. (8) FULL NAME Lester Frick

(9) PRESENT POSTOFFICE OF FATHER Chapin S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Lexington Co S.C.

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Bessie Arnold

(15) PRESENT POSTOFFICE OF MOTHER Chapin S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Lexington Co S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature) J. M. Sease (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lexington S.C.

Given name added from a supplemental report

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

(27) Filed July 5, 1916 (28) S. C. Palmer 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.

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Form No. 10. SECTION 1. IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR SHALL BE REQUIRED TO SIGN A SUPPLEMENTARY REPORT FOR EACH CHILD, AND ATTACH THE SAME TO THIS REPORT. IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR SHALL BE REQUIRED TO SIGN A SUPPLEMENTARY REPORT FOR EACH CHILD, AND ATTACH THE SAME TO THIS REPORT. IN CASE OF TWINS OR TRIPLETS, THE REGISTRAR SHALL BE REQUIRED TO SIGN A SUPPLEMENTARY REPORT FOR EACH CHILD, AND ATTACH THE SAME TO THIS REPORT.