

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

(1) PLACE OF BIRTH
County of Lexington
Township of Saluda

Registration District No. 3111 Registered No. 21
(For use of Local Registrar)

Inc. Town of or
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 Edgar Ray Frick ... { If child is not yet named, make supplemental report as directed

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

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) Number of children born to mother, including present birth 2

MOTHER.

(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., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(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
..... 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed July 5, 1916 (28) D. 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. PREVIOUS EDITIONS DISCONTINUED. PRINTED AT THE STATE PRINTING PLANT, COLUMBIA, S. C.
WHEN FILING, WITH NECESSARY FEE, THIS FORM IS SHIP-MAKING BLANK FOR EACH CHILD, AND WHEN THE N. B.—In case of TWINS OR TRIPLETS USE A SEPARATE FORM FOR EACH CHILD, AND NUMBER THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN SEQUENCE.