(1) PLACE OF BIRTH

County of Anderson

Township of Corner

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 304 Registered No. 15

(For use of Local Registrar)

(2) Full Name of Child Ella Estelle Frazier (If child is not yet named, make supplemental report as directed)

(3) SEX OR SEXES: Girl

(4) Twin or Triplet: —

(5) Number in order of birth: —

(6) Single or Twin: Single

(7) DATE OF BIRTH: Feb. 19, 1920 (Month) (Day) (Year)

In hospital only in case of twins or triplets

FATHER	MOTHER
(8) FULL NAME: Robert E. Frazier	(14) MAIDEN NAME OR MARRIED NAME: Hattie E. Moore
(9) PRESENT POSTOFFICE OF FATHER: Barnes S.C.	(15) PRESENT POSTOFFICE OF MOTHER: Barnes S.C.
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: Lower Ark	(18) BIRTHPLACE: Ga.
(13) OCCUPATION: Christian	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present child: 1 One	(21) Number of children of this mother living: 1 One

CERTIFICATE OF ATTENDANT (PHYSICIAN OR MIDWIFE)

(22) I hereby certify that I attended the birth of this child who was born alive at 9 A.M. on the date above stated.

[illegible] (Signature of Physician or Midwife)

Given name adopted by child

Date of Registration

Registrar

*When child is not named at time of filing birth certificate, make supplemental report as directed.

If a child is born [illegible]

[illegible]