

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

47903

County of Anderson

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of .....

Inc. Town of AndersonRegistration District No. 3A Registered No. 44

(For use of Local Registrar)

City of Anderson (No. 540 Thomson St.; 3 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Willis Reid Frazier If child is not yet named, make supplemental report as directed(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 Jan, 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Enlaya Frazier (14) NAME BEFORE MARRIAGE Lillie Sales  
(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.  
(10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 25 (16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 21  
(12) BIRTHPLACE Anderson, S.C. (18) BIRTHPLACE McCormick, S.C.  
(13) OCCUPATION Labour (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. F. Reas

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M.D. Anderson S.C.

Given name added from a supplemental report

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

(27) Filed 191 (28) J. B. Pugh 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.

Registrar

LOCAL REGISTRAR

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MAKING INDENTED TYPE PRINTING. WITH UNPAID INK—THIS IS A PERMANENT RECORD. M.H.—In case of twins or triplets use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

M. H. McCaw, of Columbia