

(1) PLACE OF BIRTH
 County of Anderson
 Township of

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

File No.—For State Registrar Only
47903

Inc. Town of Anderson Registration District No. 3A Registered No. 44
 City of Anderson (No. 540 House) 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 Willie Beal 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.
 (8) FULL NAME Eulaya Frazier
 (9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.
 (10) COLOR OR RACE African (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Anderson, S.C.
 (13) OCCUPATION Labour
 (20) Number of children born to mother, including present birth one

MOTHER.
 (14) NAME BEFORE MARRIAGE Lillie Sales
 (15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE African (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Hot Carmel, S.C.
 (19) OCCUPATION Housewife
 (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 M.D. (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report
, 191...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 191 (28) J. B. Clayton 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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RETURN WITHIN SEVEN DAYS TO THE REGISTRAR. WITH UNPAID FEE—THIS IS A PERMANENT RECORD. M. H.—in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. M. I. McCraw, of Columbia