

Form No. 1

(1) PLACE OF BIRTH

County of Calleton
 Township of Wenden
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41879

Registration District No. 1409 Registered No. 85
 (For use of Local Registrar)

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 Elmer Fraser (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL girl 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? yes 7) DATE OF BIRTH Dec 15 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert Fraser

9) PRESENT POSTOFFICE OF FATHER Walleris

10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 29
 (Years)

12) BIRTHPLACE SC

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 9

MOTHER.

14) NAME BEFORE MARRIAGE Annie Green

15) PRESENT POSTOFFICE OF MOTHER Walleris

16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 26
 (Years)

18) BIRTHPLACE SC

19) OCCUPATION Domestic

21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walleris

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 9 1923 (28) Miss Berman Pughall 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.

WRITES PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.
 MODERN OF COLUMBIA, COLUMBIA, S. C.