

MARGIN RESERVED FOR INDEXING.  
 WRITE 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 1.

<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health				No. for State Registrar Only <b>30710</b>	
<b>(1) PLACE OF BIRTH</b> County of <u>Smithville</u> Township of <u>Abbeville</u> Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)				Registration District No. <u>110</u> Registered No. <u>13</u> (For use of Local Registrar)	
<b>(2) Full Name of Child</b> <u>Corwell Frazer</u>				If child is not yet named, make supplemental report as directed	
<b>(3) SEX OR GENDER</b> <u>Boy</u>	<b>(4) Twin or Triplet?</b> To be answered only in case of Twin or Triplet	<b>(5) Number in order of birth</b>	<b>(6) Are Parents Married?</b> <u>no</u>	<b>(7) DATE OF BIRTH</b> <u>Oct 7</u> 19 <u>23</u> (Name of Month) (Day) (Year)	
<b>FATHER</b>			<b>MOTHER</b>		
<b>(8) FULL NAME</b> <u>Jacie Frazer</u>			<b>(10) NAME BEFORE MARRIAGE</b> <u>Geneva Bailey</u>		
<b>(9) PRESENT POSTOFFICE OF FATHER</b> <u>Abbeville</u>			<b>(11) PRESENT POSTOFFICE OF MOTHER</b> <u>Abbeville</u>		
<b>(12) COLOR OR RACE</b> <u>Negro</u>	<b>(13) AGE AT LAST BIRTHDAY</b> <u>30</u> (Years)		<b>(14) COLOR OR RACE</b> <u>Negro</u>	<b>(15) AGE AT LAST BIRTHDAY</b> <u>22</u> (Years)	
<b>(16) BIRTHPLACE</b>			<b>(17) BIRTHPLACE</b>		
<b>(18) OCCUPATION</b> <u>Farmer</u>			<b>(19) OCCUPATION</b> <u>Farm hand</u>		
<b>(20) Number of children born to mother, including present birth</b>			<b>(21) Number of children of this mother now living, including present birth</b>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
<b>(22) I hereby certify that I attended the birth of this child, who was</b> ..... <b>at</b> ..... <b>M.</b> ..... <b>on the date above stated.</b> (Born alive or stillborn) (Hour A. M. or P. M.)					
<b>(23) (Signature)</b> <u>Elizabeth P. Jones</u>		<b>(24) State whether Physician or Midwife</b> <u>Midwife</u>			
<b>(25) Address of Physician or Midwife</b> <u>1000</u>		<b>(26) Address of Registrar</b>			
Given name added from a supplemental report			<b>(27) Witness</b> (Signature of Witness necessary only when question 23 is signed by father)		
..... 19 ..... Registrar			<b>(28) Filed</b> <u>Oct 17</u> 19 <u>23</u> <b>(29) R. B. Jones</b> 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.					