

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Anderson  
Township of Centerville  
or  
Inc. Town of S. F. P.  
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

File No.—For State Registrar Only  
**40812**

Registration District No. 3.0.2 Registered No. 8.0  
(For use of Local Registrar)

(2) Full Name of Child Edwin Frazier

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? S (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 4 19 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sammy Frazier  
(9) PRESENT POSTOFFICE OF FATHER Anderson S. A. R. F. O. No Stonewall Watson  
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 41 (Years)  
(12) BIRTHPLACE And co.  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Williford  
(15) PRESENT POSTOFFICE OF MOTHER Anderson S. A. No Stonewall Watson  
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE And co.  
(19) OCCUPATION Housewife  
(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 5 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) H. P. Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12-14 19 22 (28) F. B. Grayson 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.

\*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.