

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofCity of Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2)* Full Name of Child Mary Fraser

File No.—For State Registrar Only

6851

465

Registration District No. 9 ARegistered No.
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Mar 27 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Fraser

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Johns Island S.C.

(13) OCCUPATION

Labourer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Crawford

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Johns Island S.C.

(19) OCCUPATION

Domestic

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

None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated.born alive but live only 3 hours.

(23) (Signature)

Sallie Hubbard

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

29 Charles

Given name added from a supplemental report

(26) Witness

Sallie Hubbard

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

(27) Filed

Mar 281922

(28)

Local Registrar.

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.