

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Wendell  
 or  
 Inc. Town of .....  
 or  
 City of .....

3/8/1922  
 CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

929

Registration District No. 1409Registered No. 35  
 (For use of Local Registrar)

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

(2) Full Name of Child Albany Fraser

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

(3) BOY OR GIRL Girl (4) Twin or Triplet  
 To be covered only in event of Twin or Triplet (5) Number in  
 order of birth (6) Are  
 Parents Married Yes (7) DATE OF  
 BIRTH Mar 22 1922  
 (Specify Month) (Day) (Year)

## FATHER

(8) FULL NAME Manuel Fraser  
 (9) PRESENT POSTOFFICE OF FATHER Ritters S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27  
 (Year) (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Laborer

## MOTHER

(14) NAME BEFORE MARRIAGE Sarah Fraser  
 (15) PRESENT POSTOFFICE OF MOTHER Ritters S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
 (Year) (18) BIRTHPLACE S. C.  
 (19) OCCUPATION House Keeper

(20) Number of children born to  
 mother, including present birth 3

(21) Number of children of this mother  
 now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Emma Sarby  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife  
Ritters S.C.

Given name added from a supplemen-  
 tal report

(26) Witness

(Signature of Witness necessary only  
 when question 22 is signed by mark)

(27) Filed

Feb 10 1922 J. W. W. W. W.  
 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.