

Form No. 1

(1) PLACE OF BIRTH

County of *Berkeley*Township of *St. Stephens*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3031

Registration District No. *705*Registered No. *25*
(For use of Local Registrar)

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

(2) Full Name of Child *Martha Fraser*

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

3. BOY OR
GIRL *G*4. Twin
or Triplet5. Number in
order of birth6. Are
Parents
Married *yes*7. DATE OF
BIRTH*Feb. 23, 29*
(Name of Month) (Day) (Year)

FATHER.

8. FULL
NAME *Andrew Fraser*9. PRESENT
POSTOFFICE
OF FATHER *St. Stephens*10. COLOR
OR
RACE *Negro*(11) AGE AT LAST
BIRTHDAY *37*

(Year)

12. BIRTHPLACE *St. Stephens*13. OCCUPATION *Farming*20. Number of children born to
mother, including present birth *9*

MOTHER.

14. NAME BEFORE
MARRIAGE *Daisy Davis*15. PRESENT
POSTOFFICE
OF MOTHER *St. Stephens*16. COLOR
OR
RACE *Negro*(17) AGE AT LAST
BIRTHDAY *24*

(Year)

18. BIRTHPLACE *St. Stephens*19. OCCUPATION *Farming*(21) Number of children of this mother
now living, including present birth *87*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *29* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *James A. Adams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *St. Stephens*Given name added from a supplement-
ary report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Dated *Feb. 24, 29*(28) *W. A. Fisher*

When there was no physician or midwife, then the father, housewife, or other person, if a child breathed even once, it was not a stillborn child. No report is required of such cases to the State Board of Health.