

FORM NO. 1.

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

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

88801

Registration District No. 901 Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov. 1, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Frasier

(9) PRESENT POSTOFFICE OF FATHER

R.F.D. Mt Pleasant S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

47 (Years)

(12) BIRTHPLACE

Bulls Island

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Martin

(15) PRESENT POSTOFFICE OF MOTHER

Mt Pleasant S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

35 (Years)

(18) BIRTHPLACE

Cain Hay

(19) OCCUPATION

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

8

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

X. R. M. A. Kimbrell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Mt Pleasant S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

Robert Frasier

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

(27) Filed

101

(28)

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.

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.

McCaw, of Columbia