

FORM NO. 3

(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? (5) Number in order of birth (6) Are Parents Married? 40 (7) DATE OF BIRTH Nov. 1, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Frasier

(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant S.C. R.F.D.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Bulls Island

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Martens

(15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Cain Hoy

(19) OCCUPATION

(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. 8 P.M.

(23) (Signature) X. Robert Frasier

(24) State whether Physician or Midwife (25) Address of Physician or Midwife midwife Mt. Pleasant S.C.

Given name added from a supplemental report

(26) Witness X Robert Frasier (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191 (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.

McCraw, of Columbia.