

MARION RESERVED FOR BIRTHING
 WRITE PLAINLY, WITH ENGLISH 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 8
 See cover, Column, 8, C

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Liberty
 or
 Inc. Town of
 or
 City of

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

Registration District No. 3610

File No.—For State Registrar Only

2205

Registered No. 7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Edwin Ernest Fralich

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

(3) SEX OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 28 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Julius Fralich
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Orangeburg
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Clara Sandifer
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Orangeburg
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mattie Westman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Meers

Given name added from a supplemental report

 19
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) File 3610-22 (28) W. P. S.

*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.