

Form No. 1

(1) PLACE OF BIRTH

County of AllendaleTownship of 11or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17386

Registration District No. 4600Registered No. 55
(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 Laura Mae Frost

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 16, 1922</u> (Name of Month) (Day) (Year)
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(8) FULL NAME FATHER. Lawton Frost(9) PRESENT POSTOFFICE OF FATHER Allendale SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 3(8) FULL NAME MOTHER. Ada Stoney(9) PRESENT POSTOFFICE OF MOTHER Allendale SC(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Foster(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Allendale SC

Given name added from a supplemental report

(26) Witness F. H. Boyd
(Signature of Witness necessary only when question 23 is signed by mother)(27) Date June 19, 1922 (28) F. H. Boyd MD
Registrar 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.

THIS IS A PERMANENT RECORD.
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.