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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Darlington
Township of Hartsville
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1502 Registered No.
(For use of Local Registrar)

FILE No.—For State Registrar Only

00088

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

2. FULL NAME OF CHILD

Cela Frazier

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

3. Girl or Girl If Plural births 4. Twins, triplets or other 5. Number, in order of birth 6. Premature Full term 7. Are Parents Married? Yes 8. Date of birth 4 20 19 11
(Month, day, year)9. Full name FATHER
Lawrence Frazier18. Name before marriage MOTHER
Annie Lee Coe10. Residence (mailing address)
(If non-resident, give place and State) Hartsville, S.C.19. Residence (mailing address)
(If non-resident, give place and State) Hartsville, S.C.11. Color or race Col. 12. Age at child's birth 24 (years)20. Color or race Col. 21. Age at child's birth 24 (years)13. Birthplace (city or place) Darlington, S.C.
(State or country)22. Birthplace (city or place) Darlington, S.C.
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work 19

25. Date (month and year) last engaged in this work 19

26. Total time (years) spent in this work 19

27. Number of children of this mother (At time of birth and including this child (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 9 p.m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

(Signed) Annie Lee Coe Parent

or Guardian

Given name added from a supplementary report

(Date of)

Present Address 108 W. Bartlett St., Sumter SCFiled May 17 1944 L.A. Riser, M.D.
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

5-4-44