

(1) PLACE OF BIRTH

County of Charleston,...

Township of

Inc. Town of

City of Charleston, S.C.

(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

No. 34032

34032

2) Full Name of Child William J. Frazier

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

(1) SEX OR CLASS	(2) Twin or Triplet?	(3) Number in order of birth	(4) Are Parents Married?	(5) DATE OF BIRTH

FATHER.

(6) FULL NAME John Gilliard(7) PRESENT POSTOFFICE OF FATHER Cornwall, Charleston(8) COLOR OR RACE Black (9) AGE AT LAST BIRTHDAY 27 (Years)(10) BIRTHPLACE Charleston, S.C.(11) OCCUPATION Messenger in grocery store(12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Beatha Sawyer(14) PRESENT POSTOFFICE OF MOTHER 6 Grant Ave Charleston(15) COLOR OR RACE Black (16) AGE AT LAST BIRTHDAY 18 (Years)(17) BIRTHPLACE St. Andrews, S.C.(18) OCCUPATION Dish washer at Hotel in Charleston(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(21) (Signature) [Signature](22) State whether born alive or stillborn

Given name added from a supplemental report

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Registrar

(23) Witness

(Signature of witness necessary only when question as to sex is signed by mark)

(24) Filed 12/4/23

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 children before the fifth month of pregnancy.