

## (1) PLACE OF BIRTH

County of *Clarendon*  
 Township of *St. James*  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

861

Registration District No. *13.0.9*Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child *Mary Frasier*

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

(3) BOY OR GIRL *girl* (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are *yes* (7) DATE OF BIRTH *Jan 31 1922*  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Louis Frasier*  
 (9) PRESENT POSTOFFICE OF FATHER *Davis Sta St*  
 (10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *27*  
 (Year)

(12) BIRTHPLACE *Clarendon co*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth *2*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Julia Frasier*  
 (15) PRESENT POSTOFFICE OF MOTHER *Davis Sta SC*  
 (16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *22*  
 (Year)

(18) BIRTHPLACE *Clarendon co*

(19) 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 A. M.* on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) *Lilly Furson*(24) State whether Physician or Midwife *Midwife*

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by Registrar)

(27) Filed *Jan 31 1922* (28) Local Registrar *F. E. Ruckliff*

\*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.

FIRST-BORN No. 1. THE OTHER, No. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.