

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

File No. For State Registrar Only

72396

Registration District No. 1601 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child. Alma B. Frank If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug 8 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

V. J. Frank

(9) PRESENT POSTOFFICE OF FATHER

Hamer S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

35

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary M. Stuart

(15) PRESENT POSTOFFICE OF MOTHER

Hamer, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

37

(18) BIRTHPLACE

K.C.

(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 Born alive on the date above stated. (Hour A. M. or P. M.) 5:30 A. M.

(23) (Signature)

T. W. Carmichael

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Rowland K. R.

Given name added from a supplemental report

July 24 1917

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 1916

(28) A. H. Westbury

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 stillbirth before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING 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 5.

McCaw, of Columbia