

(1) PLACE OF BIRTH

County of

Township of

OR

Inc. Town of

City of Green 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

Registration District No. 22ARegistered No. 667

(For use of Local Registrar)

(No. 207 Pearl St.)(2) Full Name of Child Dorothy Thomas Frost(3) ~~Boy or Girl?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec 24 1922

FATHER		MOTHER	
(8) FULL NAME <u>R Frost</u>	(14) NAME BEFORE MARRIAGE <u>Dorine Ross</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Green S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Green S.C.</u>
(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(18) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Brombach Germany</u>	(18) BIRTHPLACE <u>Green S.C.</u>	(19) OCCUPATION <u>Plumber</u>	(19) OCCUPATION <u>House</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Born alive at 5:25 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas Bates (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report (26) Signature of Witness necessary only when question 22 is signed by married person