

Form No. 1

(1) PLACE OF BIRTH

County of DorchesterTownship of Porter

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43030

Registration District No. 7601Registered No. 91

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Fries

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 12 17 07
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Russell Fries(9) PRESENT POSTOFFICE OF FATHER Cassadaga(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 48
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Roil Road Section(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Sampson(15) PRESENT POSTOFFICE OF MOTHER Cassadaga(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 40
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.
(Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Sampson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cassadaga

Given name added from a supplemental report

(26) Witness R. W. Roberts

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

(27) Filed 12/23(28) 12/23(29) R. W. Roberts

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 stillbirths 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.

Revised by Columbia, Columbia, S. C.