

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Cane Creek  
 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

1717

Registration District No. 2801 Registered No. 4  
 (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 Clark Fraser

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

(3) BOY OR GIRL Boy (4) Twins or Triplets? No (5) Number to order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 7, 1922  
 (Specify Month) (Day) (Year)

FATHER:  
 (8) FULL NAME Rich Fraser  
 (9) PRESENT POSTOFFICE OF FATHER Riverside, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE Lancaster, Co., S.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 4

MOTHER:  
 (14) NAME BEFORE MARRIAGE Sarah M. Gee  
 (15) PRESENT POSTOFFICE OF MOTHER Riverside, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26  
 (18) BIRTHPLACE Lancaster Co., S.C.  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amelia Mobley(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 23 is signed by mark)

(27) Filed Jan 10, 1922 (28) W. H. Shuff

(For use of 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.