

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town ofor
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

34033

Registration District No. Registered No. 111

(For use of Local Registrar)

(2) Full Name of Child Lora Lee Frazier If child is not yet named, write supplemental report on Form 1

(3) SEX OF CHILD <u>Female</u>	(4) AGE OF CHILD <u>2 1/2</u>	(5) DATE OF BIRTH <u>Sept 21, 1923</u>	(6) PLACE OF BIRTH <u>Anderson, S.C.</u>
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FATHER.

(7) NAME OF FATHER Crane Frazier(8) PRESENT RESIDENCE OF FATHER Philadelphia, Pa.(9) COLOR OF FATHER Caucasian (10) AGE OF FATHER 26(11) BIRTHPLACE OF FATHER Sumner, S.C.(12) OCCUPATION OF FATHER Mechanic(13) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT CHILD 2

MOTHER.

(14) NAME OF MOTHER Minnie(15) PRESENT RESIDENCE OF MOTHER Anderson, S.C.(16) COLOR OF MOTHER Colored (17) AGE OF MOTHER 31(18) BIRTHPLACE OF MOTHER Anderson, S.C.(19) OCCUPATION OF MOTHER Housewife(20) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT CHILD 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born 90 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) A. M. Frazier(23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(25) Witness Sarah Haver (Signature of witness necessary only when question 21 is signed by mark)(26) Filed 10 (27) Local Registrar Carl B. Carr

If birth occurs in a hospital or other institution, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.