

(1) PLACE OF BIRTH

County of Yorkburg
 Township of Cherry
 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
37985

Registration District No. 4308 Registered No. 92
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Frasier If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Nov 7 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Frasier</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Chance</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sutton Depot S.C. R. 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sutton Depot S.C. R. 3</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(12) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) BIRTHPLACE <u>Sutton A.C.</u>
(13) BIRTHPLACE <u>Blakeley S.C.</u>			(18) OCCUPATION <u>Farm Laborer</u>	
(19) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	
(20) Number of children born to mother, including present birth <u>13</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Purvis (25) Address of Physician or Midwife
 (24) State whether Physician or Midwife Midwife Sutton Depot R. 3

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Nov. 12th 1923 (27) Filed Nov. 12th 1923 (28) A. H. Moreley 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.