

22 050057

FILE No.—For State Registrar Only

1979

1. PLACE OF BIRTH

County of WilliamsburgTownship of Hemingwayor
Inc. Town ofor
City of Hemingway

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 11304 Registered No.
(For use of Local Registrar)

(No. St. Ward)

2. FULL NAME OF CHILD Francis Louise Frier

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other 5. Number, in order of birth	6. Premature Full term	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Dec. 17th. 1922</u> (Month, day, year)
9. Full name <u>J. A. Frier</u> FATHER			18. Name before marriage <u>Dessie Small</u> MOTHER		
10. Residence (mailing address) (If non-resident, give place and State) <u>F. F. D. #4</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>R. F. D. #4</u>		
11. Color or race <u>White</u>		12. Age at last birthday <u>29</u> (Years)		20. Color or race <u>White</u>	
13. Birthplace (city or place) <u>Georgetown, S. C.</u> (State or country)		17. Total time (years) spent in this work		21. Age at last birthday <u>30</u> (Years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>		15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		22. Birthplace (city or place) <u>Nichols, S. C.</u> (State or country)	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....					
28. If stillborn, period of gestation.....		29. Cause of stillbirth..... <u>None</u>		Before labor..... During labor.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at m. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Mrs. Dessie Small Parent

Given name added from or Midwife.

a supplementary report.....

(Date of

Address

Filed Feb. 24, 1932 M. B. Woodward, M. D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate)