

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)

22 050057

1. PLACE OF BIRTH

County of Williamsburg  
Township of Hemingway  
or  
Inc. Town of .....  
or  
City of Hemingway

Standard Certificate of Birth

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

FILE No.—For State Registrar Only

1979

Registration District No. 14304 Registered No. ....  
(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 Francis Louisa Frier

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

3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other births: <u>1</u>	5. Number, in order of birth: <u>1</u>	6. Premature Full term: <u>Yes</u>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Dec. 17th, 1922</u> (Month, day, year)
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9. Full name <u>FATHER</u> <u>J. A. Frier</u>	18. Name before marriage <u>MOTHER</u> <u>Dessie Small</u>
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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>
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11. Color or race <u>White</u>	12. Age at last birthday <u>29</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>30</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Georgetown, S. C.</u>	22. Birthplace (city or place) (State or country) <u>Nichols, S. C.</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. ....	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 ....., 19.....	25. Date (month and year) last engaged in this work ....., 19.....
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..... months weeks	29. Cause of stillbirth <u>None</u> Before labor..... During labor.....
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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.