

## (1) PLACE OF BIRTH

County of Beaufort  
 Township of Bluffton  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

63195

Registration District No. 601 Registered No. 26  
 (For use of Local Registrar)  
 City of ..... (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. Blossom Fraser } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH June 18, 1916  
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Richard Fraser

(9) PRESENT POSTOFFICE OF FATHER Pritchardville, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE Beaufort County, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Willson

(15) PRESENT POSTOFFICE OF MOTHER Pritchardville S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36  
 (Years)

(18) BIRTHPLACE Beaufort County, S.C.

(19) OCCUPATION Farming + day labor

(21) Number of children of this mother now living, including present birth } 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Stillson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pritchardville, S.C.

Given name added from a supplemental report

(26) Witness W. J. Tripp  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 24, 1916 (28) W. J. Tripp  
 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.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.