

Form No. 1.

(1) PLACE OF BIRTH

County of Beaufort

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Lucene Fraser

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 19 1916
(Name of Month) (Day) (Year)Registered No. 84425
(For use of Local Registrar)

FATHER.

(8) FULL NAME

William Fraser

(9) PRESENT POSTOFFICE OF FATHER

Beaufort

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Beaufort

(13) OCCUPATION

Way Eubner

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucene Livingston

(15) PRESENT POSTOFFICE OF MOTHER

Beaufort

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Beaufort

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, born alive at 4:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Claudia B. Miller Beaufort

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 21 1916(28) 11 D. Roper

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.