(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

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
2953

Registration District No. 6037 Registered No. 25
(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 William Frasier — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth 3 | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Feb 20, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Charles Frasier	(14) NAME BEFORE MARRIAGE Daisy Alston
(9) PRESENT POSTOFFICE OF FATHER Yemassee	(15) PRESENT POSTOFFICE OF MOTHER Yemassee
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Beaufort	(18) BIRTHPLACE Beaufort
(13) OCCUPATION Public works	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 3	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Nurse Bir at 10 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Myra Johnson

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .... (28) Pat Wall

*When there was no attending physician or midwife, then the father, householder, etc., [illegible]
If a child breathes even once, it must not be reported as stillborn. No report is [illegible] before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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.
Mode of Columbia, Columbia, S. C.