

Form No. 3

(1) PLACE OF BIRTH

County of Florissant

Township of

or
Inc. Town ofCity of Florissant

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3815

Registration District No. 26-A Registered No. 84

(For use of Local Registrar)

(No. 607 N. Commercial Ward)(2) Full Name of Child Harry Frazer

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Sex <u>Male</u>	(7) DATE OF BIRTH <u>Feb 25 23</u>
To be answered only in case of Twin or Triplet			(Time of Month) (Day) (Year)	

FATHER

(8) FULL NAME Joseph Frazer

(9) PRESENT POSTOFFICE OF FATHER Florence

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22

(12) BIRTHPLACE Florence - C

(13) OCCUPATION Labor

MOTHER

(14) NAME BEFORE MARRIAGE Irene

(15) PRESENT POSTOFFICE OF MOTHER Florence

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20

(18) BIRTHPLACE Florence - C

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rachel Foster(24) State whether Physician or Midwife (25) Address of Physician or Midwife 204 W. Sumner St

Given name added from a supplemental report

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

(27) Filed 2-26-23 (28) P. H. Brigham

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.