

(1) PLACE OF BIRTH
 County of Spartanburg
 Township of Clifton
 or
 Inc. Town of Clifton
 or
 City of Clifton (No. St.: Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
50527

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

Registration District No. 4028 Registered No. 446
 (For use of Local Registrar)

(2) Full Name of Child Charles R. Frost } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Bo. (4) Twin or Triplet? No. (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 15, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Esse F. Frost
 (9) PRESENT POSTOFFICE OF FATHER Clifton, S.C.
 (10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 44 (Years)
 (12) BIRTHPLACE Hancock Co.; Tenn.
 (13) OCCUPATION Textile Worker
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Bonnie Fletcher
 (15) PRESENT POSTOFFICE OF MOTHER Clifton, S.C.
 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Hancock Co.; Tenn.
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Harris
 (24) State South Carolina (25) Address of Physician or Midwife Clifton, S.C.

Given name added from a supplemental report
 _____, 191.....
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb. 18, 1916 (28) C. J. Carter Local Registrar.

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

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 UPWARD 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 2.
 M.C. No. of Columbin