

(1) PLACE OF BIRTH

County of Spartanburg

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50527

Township of

or

Inc. Town of Clifton

or

City of

Registration District No. 4028

Registered No. 446

(For use of Local Registrar)

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

(2) Full Name of Child Charles R. Frost

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

(3) BOY OR GIRL? BOY (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 16, 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 40 (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 Cornelia 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 5

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 whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clifton, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 18, 1916 (28) E. H. Barker 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.

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