

FORM NO. 1

(1) PLACE OF BIRTH

County of JasperTownship of Robtor
Inc. Town ofor
City of

(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

File No.—For State Registrar Only

90442

2602

Registration District No. Registered No. 104

(For use of Local Registrar)

(2) Full Name of Child Nasy Frazier } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1 1916</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bully Frazier(9) PRESENT POSTOFFICE OF FATHER Tillman RI(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Tarboro SC(13) OCCUPATION public(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Green(15) PRESENT POSTOFFICE OF MOTHER Tillman RI(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Tarboro,(19) OCCUPATION public(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 alive at 2pm on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sivey Brantley(24) State whether Physician or Midwife Wife (25) Address of Physician or Midwife Tillman SC

Given name added from a supplemental report

191

Registrar

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

1 1 17 G E Connaiffe

(27) Filed 191 (28) 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 S. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.