

(1) PLACE OF BIRTH

County of RichmondTownship of Richmond

or

Loc. Town of

or

City of Columbia

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

(2) Full Name of Child Reuben F. Frazier(3) BOY OR GIRL Boy(4) Twin or Triplet? No(5) Number in order of birth 2

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 1, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Fitzsimmons(9) PRESENT POSTOFFICE OF FATHER 2200 Sumter St(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Richmond SC(13) OCCUPATION Laborer(14) Number of children born to father, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Flexa(15) PRESENT POSTOFFICE OF MOTHER 2200 Sumter St(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE Richmond C.(19) OCCUPATION Washerwoman(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Harrison

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 106 Luzon Ave

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/1

1911

(28)

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.