

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston S.C.

(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

17888

Registration District No. 9 ARegistered No. 868

(For use of Local Registrar)

(No. 10. Roseland St.; Ward)(2) Full Name of Child Thomas Frazier

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? one(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 20 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Frazier(9) PRESENT POSTOFFICE OF FATHER C. Charleston(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Monks Corner S.C.(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Dollie Jefferson(15) PRESENT POSTOFFICE OF MOTHER C. Charleston(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Monks Corner(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8. a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Anderson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 13. Drews alley

Given name added from a supplemental report

Thos. P. Lesesne2/19/47 19 22 Registrar

(26) Witness

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

(27) Filed 6/24/2219 22(28) J. M. Green

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.

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