

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of
or
City of Charleston S.C.

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 A

Registered No. 868

(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 Thomas Frazier

(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 one (6) Are Parents Married? yes (7) DATE OF BIRTH June 20 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME James Frazier

(9) PRESENT POSTOFFICE OF FATHER 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 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 new 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 Midwife (25) Address of Physician or Midwife 18. Drews alley

affid.

Given name added from a supplemental report

Thos. P. Lesesne

2/19/47, 1922 Registrar

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

(27) Filed 6/24/22 J. Mercis 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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STATE OF SOUTH CAROLINA, COLUMBIA, S. C. FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.