

Form No. 1

(1) PLACE OF BIRTH

County of Calleton
 Township of Verdun
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41868

Registration District No. 1409 Registered No. 86
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nora Lu Fraser If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>April 5, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Robert Fraser</u>			14) NAME BEFORE MARRIAGE <u>Annie Green</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Wallutts</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Wallutts</u>	
10) COLOR OR RACE <u>col</u>	11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	16) COLOR OR RACE <u>col</u>	17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>S.C.</u>	
13) OCCUPATION <u>Farming</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>9</u>			21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mildred Johnson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wallutts

Given name added from a supplemental report

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

(27) Filed June 9, 1923 (28) Miss Bessie Pugh Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

MARGIN RESERVED FOR INDEXING. WITH UNFADING INK—PRINT IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, REPEAT INFORMATION FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 6.