PLACE OF BIRTH

County of Charleston

Township of

or Town of

or of Charleston

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

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 94 Registered No. 31345 (For use of Local Registrar)

(No. 9 Maverick St. St.) Ward

FULL NAME OF CHILD Dorothy Viola Frier

Sex	If Plural Births			
Girl	4. Twin, triplet, or other ___ 5. Number, in order of birth ___	6. Premature ___ Full term ___	7. Legitimate? Yes	8. Date of birth Oct. 5, 1922, 19__

FATHER	MOTHER
Full name: Charles F. Frier	18. Full maiden name: Dora Ellen Maree
Residence (usual place of abode) (If nonresident, give place and State): City	19. Residence (usual place of abode) (If nonresident, give place and State): City
Color or race: White 12. Age at last birthday: 30 (Years)	20. Color or race: White 21. Age at last birthday: 21 (Years)
Birthplace (city or place) (State or country): Florence Co., S.C.	22. Birthplace (city or place) (State or country): Charleston, S.C.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: At home.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work ___ 19__ 17. Total time (years) spent in this work ___	25. Date (month and year) last engaged in this work ___ 19__ 26. Total time (years) spent in this work ___

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead ___ (c) Stillborn ___

If stillborn, period of gestation ___ months weeks 28. Cause of stillbirth ___ Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born a ive at ___ m. on the date above stated (Born alive or stillborn)

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

Given name added from supplemental report ___ (Date of)

(Signed) ___ M. D.

or Sis Williams Midwife

Address Corner C. & E. Sts.

Filed 9/17/31, 19__ Leon Banov M.D.

Registrar

... even once, it must not be reported as stillborn. No report is ... fifth month of ...