

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. DEPT. OF COMMERCE.

(1) PLACE OF BIRTH

County of Albermarle
Township of 11
or
Inc. Town of 11
or
City of 11

CERTIFICATE OF BIRTH

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

No. 122—For State Registrar Only

Registration District No. 4602 Registered No. 10
(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 Harvey Frazier If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Type or Figure To be answered only in case of Twins or Triplets (5) Number in order of birth no (6) Are Parents Married no (7) DATE OF BIRTH Jan 16 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Don't Know
(9) PRESENT POST OFFICE OF FATHER /
(10) COLOR OR RACE /
(11) BIRTHPLACE /
(12) OCCUPATION /
(13) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Hettie Frazier
(15) PRESENT POST OFFICE OF MOTHER Albermarle &
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17
(18) BIRTHPLACE SC
(19) OCCUPATION Farm Laborer
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Stillborn or stillborn) (Hour A. M. or P. M.)

(22) (Signature) F. H. Boyd MD (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Albermarle &

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) Filed Jan 17 1923 (27) 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.