

Form No. 1

(1) PLACE OF BIRTH

County of Franklin

Township of

Inc. Town of Naz

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

3735

Registration District No. 1801 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

James Frank

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 1 6. Are Parents Married Yes 7. DATE OF BIRTH Feb 21 1923

FATHER
8. FULL NAME James Frank
9. PRESENT POSTOFFICE OF FATHER Black River
10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 36 (Years)
12. BIRTHPLACE S.C.

MOTHER
14. NAME BEFORE MARRIAGE Mariam M. Murray
15. PRESENT POSTOFFICE OF MOTHER Black River
16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 32 (Years)
18. BIRTHPLACE S.C.

13. OCCUPATION Farmer

19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 10 21. Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10.5 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 21 1923 (27) W. R. Williams 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.

RECEIVED OF COLUMBIA CLERKING CO. FIRST-BORN, No. 1 TURN GREEN No. 2, etc. in question 5