

K O O D

FORM NO. 4 MARGIN RESERVED FOR BINDING.

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 5.

McCraw, of Columbia.

(1) PLACE OF BIRTH

County of UnionTownship of Jonesvilleor
Inc. Town of
or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

87713

Registration District No. 4204Registered No. 85

(For use of Local Registrar)

(2) Full Name of Child Reuben Lindsey Frazier { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL? Boy(4) Twin
or Triple? Yes
To be answered only in event of Twins or Triplets(5) Number in
order of birth 1(6) Are
Parents
Married? Yes(7) DATE OF BIRTH Nov. 19 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME D. B. Frazier Jr.(9) PRESENT
POSTOFFICE
OF FATHER Jonesville, S.C.(10) COLOR
OR
RACE W.(11) AGE AT LAST
BIRTHDAY 42
(Years)(12) BIRTHPLACE Union Co. S.C.(13) OCCUPATION Farmers & servant(20) Number of children born to
mother, including present birth 8

MOTHER.

(14) NAME BEFORE
MARRIAGE Helen Farn(15) PRESENT
POSTOFFICE
OF MOTHER Jonesville, S.C.(16) COLOR
OR
RACE W.(17) AGE AT LAST
BIRTHDAY 38
(Years)(18) BIRTHPLACE Union Co. S.C.(19) OCCUPATION Domestic(21) Number of children of this mother
now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. L. Frazier

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemen-
tal report

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Nov. 1. 1916(28) L. N. Alexander

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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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before the fifth month of pregnancy.