(1) PLACE OF BIRTH

County of Anderson

Township of Corner

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 13592

Registration District No. 304 Registered No. 46 (For use of Local Registrar)

(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 Bessie Lee Frazier (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 3 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Otis Frazier

(9) PRESENT POSTOFFICE OF FATHER Iva

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Aud Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mare Belcher

(15) PRESENT POSTOFFICE OF MOTHER Iva

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Aud. Co

(19) OCCUPATION Housewife

(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 (Born alive or stillborn) at 4 P M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lydia Mace

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

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed May 8 1922 (28) M. McAdams

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.

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