

(1) PLACE OF BIRTH

County of Rocky Mt.Township of Saludaor
Inc. Town ofor
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

35431

Registration District No. 3111Registered No. 36
(For use of Local Registrar)(2) Full Name of Child Martha Ada Frick child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31, 22
(Name of Month) (Day) (Year)(8) FATHER. FULL NAME Elmer Franklin Frick(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Bank Teller(20) Number of children born to mother, including present birth 2(14) MOTHER. NAME BEFORE MARRIAGE Blana Fulmer(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:57 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Redeane(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Little Mountain

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(37) Filed Nov 10, 1922 (38) J. W. Sanger
Registrar 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.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the POSITION, No. 1, THE OTHER, No. 2, etc., in question 5.
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