

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Midway  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6527

Registration District No. 403 Registered No. 9  
 (For use of Local Registrar)

City of ..... 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 Openile Frasier 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. 7, 1922  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Jake Frasier  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg, S.C.  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 50 (Years)  
 (12) BIRTHPLACE Bamberg Co., S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth Thirteen

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Bitie Graves  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg, S.C.  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 40 (Years)  
 (18) BIRTHPLACE Bamberg Co., S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Thirteen

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:15 A.M. (Hour A.M. or P.M.)  
 on the date above stated.

(23) (Signature) Anna Downing (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg, S.C.

Given name added from a supplemental report

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

(27) Filed Feb. 11, 1922 (28) Herbert Falk 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.