

(1) PLACE OF BIRTH

County of *Wellington*Township of *Switzer*or
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4310* Registered No. *1*
(For use of Local Registrar)

File No.—For State Registrar Only

2731

(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 *Joe Foster Fry*

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth *1*
To be answered only in event of Twins or Triplets(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Jan 5 1922*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Frank Fry

(9) PRESENT POSTOFFICE OF FATHER

Lake City S.C.(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *25*
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Laudine Gary

(15) PRESENT POSTOFFICE OF MOTHER

Lake City S.C.(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *20*
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *white* nt. *3* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Murtha L. Davis*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Housewife**Lake City S.C.*

Given name added from a supplemental report

(26) Witness

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

19.....
Registrar(27) Filed *Jan 10 1922*(28) *Mrs. W. A. Fitch*
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.