

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville

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

63152

Registration District No. 504 Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child John Henry Frasier

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

(3) BOY or Boy (4) Tw or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 17 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME ?
 (9) PRESENT POSTOFFICE OF FATHER ?
 (10) COLOR OR RACE ? (11) AGE AT LAST BIRTHDAY ? (Years)
 (12) BIRTHPLACE ?
 (13) OCCUPATION ?
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Frasier
 (15) PRESENT POSTOFFICE OF MOTHER Elko, S.C., R. F. D.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm Help
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Russell E. Luthbert, Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blackville, S.C., R. F. D.

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 24 1916 (28) E. S. Hammond 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.

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.
 G. Caw. of Columbia.