

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and question 5.
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Greenville
 Township of Swany Grove
 or
 Inc. Town of
 or
 City of Lake City (No. St.; Ward)
 (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

18262

Registration District No. 1316 Registered No. 23
 (For use of Local Registrar)

(2) Full Name of Child Nelson Frasier

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

3) BOY OR GIRL? <u>Boy</u>	4) Twin or Triplet? <u>Twin</u>	5) Number in order of birth <u>6</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 1</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
8) FULL NAME <u>Nelson Frasier</u>		14) NAME BEFORE MARRIAGE <u>Bella Frison</u>		
9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>		
10) COLOR OR RACE <u>Black</u>	11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	16) COLOR OR RACE <u>Black</u>	17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>Greenville Co</u>		18) BIRTHPLACE <u>Greenville Co</u>		
13) OCCUPATION <u>Farming</u>		19) OCCUPATION <u>House wife</u>		
20) Number of children born to mother, including present birth <u>1</u>		21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Aline
 (24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife

Lake City S.C.

Given name added from a supplement-
 tal report

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

(27) Filed June 4 19 22 (28) E. H. McFadden
 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.