

County of James
Township of James
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 904 Registered No. 18
(For use of Local Registrar)

(3) BOY OR GIRL	(4) Twin or Triplet?	(5) Number in order of birth
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To be answered only in event of Twins or Triplets

(8) Are Parents Married?

(7) DATE OF BIRTH Feb 19 22
(Name of Month) (Day) (Year)

(b) FULL NAME *Edmund Fraser*

(9) PRESENT POSTOFFICE OF FATHER *Ch. Charleston SC*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *25* (Year)

(12) BIRTHPLACE _____

(13) OCCUPATION 11-7

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

(14) NAME BEFORE MARRIAGE *Blaise F. ...*

(15) PRESENT POSTOFFICE OF MOTHER *Ch. C. Landerston S.C.*

(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *.....* (Years)

(18) BIRTHPLACE

(19) OCCUPATION 0 2

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

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed 11/9/18 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.