

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield
 Township of # 5
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42264

Registration District No. 1909 Registered No. 37
 (For use of Local Registrar)

City of (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 Frederick Trazier { 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 Dec 30, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nabe Trazier
 (9) PRESENT POSTOFFICE OF FATHER Wallaceville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 (Years)
 (12) BIRTHPLACE Fairfield Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lew Plais
 (15) PRESENT POSTOFFICE OF MOTHER Wallaceville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39
 (Years)
 (18) BIRTHPLACE Fairfield Co. S.C.
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marie + Pollock
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Backman S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 5, 1923 (28) E. S. Tridge
 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.