

PLACE OF BIRTH

County of Sarlington
Town of Hartsville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18324

Town of Registration District No. 1502 Registered No. 63
(For use of Local Registrar)(No. St. Ward) 1
If child is born in a hospital or other institution, give name of same instead of street and number.Full Name of Child Skellie Lee Frazer } If child is not yet named, make supplemental report as directed(4) Twin or triplet? girl (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 23, 1922
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

NAME Jemias Frazer
PRESENT RESIDENCE OF FATHER Hartsville S.C.
COLOR Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Sarlington County, S.C.
OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Renthe Johnson
(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Sarlington County, S.C.
(19) OCCUPATION HousewifeNumber of children born to mother, including present birth 2(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Johnson
(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

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

(27) Filed June 10 22 (28) M. H. Kaper 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.

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