

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort
 Township of Hiltonhead
 or
 Inc. Town of
 or
 City of (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

29016

Registration District No. 802 Registered No. 34
 (For use of Local Registrar)

(2) Full Name of Child Josephine Frazier

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Frazier Jr.

(9) PRESENT POSTOFFICE OF FATHER Hiltonhead, S. C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Victoria Jones

(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Josephine Frazier

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hiltonhead, S. C.

Given name added from a supplemental report

(26) Witness W. A. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 20, 1922 (28) W. A. Brown 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.