

(1) PLACE OF BIRTH

County of *Charleston*
 Township of
 or
 Inc. Town of
 or
 City of *Charleston*
 (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

17889

Registration District No. *9A* Registered No. *870*

(For use of Local Registrar)

(No. *Reper Hospital* St. Ward)(2) Full Name of Child *Billy George Melman Frazier* 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 *6/2/22*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Melman Frazier*(9) PRESENT POSTOFFICE OF FATHER *Charleston SC*(10) COLOR OR RACE *C* (11) AGE AT LAST BIRTHDAY *22*
 (Years)(12) BIRTHPLACE *Hardmalawan SC*(13) OCCUPATION *Minister*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Catherine Burch*(15) PRESENT POSTOFFICE OF MOTHER *Charleston SC*(16) COLOR OR RACE *C* (17) AGE AT LAST BIRTHDAY *16*
 (Years)(18) BIRTHPLACE *Charleston SC*(19) OCCUPATION *Seam*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ... *born alive* ... at ... *4:30 P.M.* ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *George F. Frazier*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *6/2* *1922*(28) *J. Percival Green* 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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