

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 2.

(1) PLACE OF BIRTH
 County of Richland
 Township of
 OF
 Inc. Town of
 OF
 City of Columbia

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

File No. - For State Registrar Only
18942

Registration District No. 38B Registered No. 155
 (For use of Local Registrar)
 (No. Brooker Washington Law Height)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robert Alexander Frank If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 23 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Willie Frank</u>			(14) NAME BEFORE MARRIAGE <u>Lucile Perry</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>3 1/2</u> (Year)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(18) BIRTHPLACE <u>Columbia S.C.</u>
(12) BIRTHPLACE <u>Darlington</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>House Keeping</u>	(20) Number of children born to mother, including present birth <u>two</u>	(21) Number of children of this mother now living, including present birth <u>two</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Charlotte Perry, No. 3 Box 930
 (24) State, whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia S.C.

(Given name added from a supplemental report)
 19
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 2 1923 (28) W. L. Lauer 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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