

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

(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

File No.—For State Registrar Only  
18942

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38B

Registered No. 156

(For use of Local Registrar)

(No. Brooker Washington)

(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 June 23 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Frank

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36  
(Year)

(12) BIRTHPLACE Darlington

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Lucile Perry

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31  
(Year)

(18) BIRTHPLACE Columbia S.C.

(19) OCCUPATION House Keeping

(20) Number of children of this mother now living, including present birth two

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 R. 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)

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

(27) Filed July 2 1923 (28) Ang. 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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