

WITHHOLD PRINTING WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—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 5.
 (Cav. 6-2-30)

(1) PLACE OF BIRTH

County of Colleton
 Township of Lowester Se
 or
 Inc. Town of Lowester Se
 or
 City of _____
 (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
84598

Registration District No. _____ Registered No. 108
 (For use of Local Registrar)

(2) Full Name of Child Frank Augustus Wrayard { 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 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 12, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank A Wrayard

(9) PRESENT POSTOFFICE OF FATHER Lowester Se

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Colleton Co Se

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lula A. Irick

(15) PRESENT POSTOFFICE OF MOTHER Lowester Se

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Colleton Co Se

(19) OCCUPATION Housewife

(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 alive at _____ on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Alb. Seaman, M.D.

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report _____

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 Registrar

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

(27) Filed Nov 20 1916 (28) J. D. Stoddemire 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 fourth month of pregnancy.