

(1) PLACE OF BIRTH

County of Sumner
 Township of Reynolds Bridge
 or
 Loc. Town of Chase
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17596

Registration District No. 401Registered No. 122
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Lin Black { 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 24, 22
 To be answered only in event of Twins or Triplets (Specify of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willis Black(9) PRESENT POSTOFFICE OF FATHER Chase S.C.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Laborer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Nelson Leaster(15) PRESENT POSTOFFICE OF MOTHER Chase S.C.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer Laborer(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) America Rivers(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Chase 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 1, 1922 (28) J. E. Bennett
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.