

MARGIN RESERVED FOR FILING.

WRITE PLAINLY, 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.

(1) PLACE OF BIRTH

County of Georgetown
Township of
or
Inc. Town of
or
City of Georgetown
(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
38394

Registration District No. 21-A Registered No. 105
(For use of Local Registrar)

(2) Full Name of Child FRYANT OSCAR SORENSON (If child is not yet named, make supplemental report as directed)

| | | | | |
|---|--|--|---|--|
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet? <u>yes</u> To be answered only in case of Twins or Triplets | (5) Number in order of birth <u>2nd</u> | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 30 1932</u> (Name of Month) (Day) (Year) |
| FATHER. | | MOTHER. | | |
| (8) FULL NAME <u>HILDU R SORENSON</u> | | (14) NAME BEFORE MARRIAGE <u>Olive Gardner</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u> | | (15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.</u> | | |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>36</u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) | |
| (12) BIRTHPLACE <u>Brunswick Co. N.C.</u> | | (18) BIRTHPLACE <u>Charleston Co. S.C.</u> | | |
| (13) OCCUPATION <u>U.S. Coast Guard Service</u> | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>3</u> | | (21) Number of children of this mother now living, including present birth <u>Three</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. A. Bell
(24) State whether Physician or midwife
(25) Address of Physician or Midwife
Georgetown 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 Dec 13 1932 (28) Mrs. R. J. King 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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