

Form No. 1.

(1) PLACE OF BIRTH

County of *Marion*
Township of *Bradley St*

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

File No.—For State Registrar Only

10000

Inc. Town of Registration District No. *2300* Registered No. *7*
(For use of Local Registrar)
City of (If birth occurs in a hospital or other institution, give name of same inst. St.: Ward)
(If birth occurs in a hospital or other institution, give name of same inst. St.: Ward)

(2) Full Name of Child *Fragelie Baucell Perrie* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan 19* (8) (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wade Perrie*
(9) PRESENT POSTOFFICE OF FATHER *Bradley St*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *33* (Years)
(12) BIRTHPLACE *Abbeville Co SC*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie White*
(15) PRESENT POSTOFFICE OF MOTHER *Bradley St*
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *33* (Years)
(18) BIRTHPLACE *Abbeville Co SC*
(19) OCCUPATION *School Teacher*
(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) *A. G. G. & Brown*

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

Given name added from a supplemental report

(26) Witness *Wade Perrie* (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 11* 191*6* (28) *W. H. Doolin* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report as a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.
McCauley of Columbia.