

Form No. 1.

(1) PLACE OF BIRTH

County of *Wrenwood*
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 (No. St.: Ward)
(If birth occurs in a hospital or other institution, give name of same in place of street and number.)

(2) Full Name of Child *Fragelie Beaubell Perrier* 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 1909*
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Trade Perrier*
(9) PRESENT POSTOFFICE OF FATHER *Bradley St*
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *33* (Years)
(12) BIRTHPLACE *Abbeville Co S.C.*
(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 S.C.*
(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 *Trade Perrier*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Feb 11 1909* (28) *W. H. Decker*
Registrar Local Registrar

MARGIN RESERVED FOR BIRTHING. 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. McCaw of Columbia.

*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.