

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bahb Frazier

File No.—For State Registrar Only

42008

Registered No. 115
(For use of Local Registrar)

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 4, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Frazier

(9) PRESENT POSTOFFICE OF FATHER Norville SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Norville SC

(13) OCCUPATION Laborer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Frazier

(15) PRESENT POSTOFFICE OF MOTHER Norville SC

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

(18) BIRTHPLACE Norville SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. F. Peltz Lydia SC.

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

Given name added from a supplemental report

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

(27) Filed Dec 1922 (28) R. M. Jolley 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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