

(1) PLACE OF BIRTH

County of Anderson

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

No. 38446 — For State Registrar OnlyTownship of PiedmontInc. Town of PiedmontCity of PiedmontRegistration District No. 303Registered No. 91
(For use of Local Registrar)St. 1 Ward 1

(2) Full Name of Child Doris Elbert Lincoln
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

1. SEX Boy
 2. DATE OF BIRTH Dec 3 1923
 3. TIME OF BIRTH 11:30
 4. PLACE OF BIRTH Piedmont S.C.
 5. NAME OF FATHER Chas Frischer
 6. NAME OF MOTHER Elena Porter
 7. PRESENT POSTOFFICE OF FATHER Piedmont S.C.
 8. PRESENT POSTOFFICE OF MOTHER Piedmont S.C.
 9. COLOR OR RACE White
 10. COLOR OR RACE White
 11. BIRTHPLACE N.C.
 12. BIRTHPLACE S.C.
 13. OCCUPATION misc work
 14. OCCUPATION Domestic
 15. Number of children born to mother, including present birth 6
 16. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (circle one) on the date above stated. (Time A. M. or P. M.) 10:15 P.M.

(23) (Signature) A. H. Campbell
 (24) State whether Physician or Midwife Physician
 (25) Address of Physician or Midwife Piedmont S.C.

Given name added from a supplemental report

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

(27) Date Dec 5 1923 (28) A. H. Campbell 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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