

(1) PLACE OF BIRTH
County of San Carlos
Township of Phoenix
or
Inc. Town of
or
City of

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

39042

Inc. Town of.....
or
City of

Registration District No. 2806 Registered No. 195
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 29, 22</i> (Name of Month) (Day) (Year)
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FATHER

10 FULL NAME James Frazier

PRESENT POSTOFFICE OF FATHER Present Hill St

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *19*
(Years)

12 BIRTHPLACE

13) OCCUPATION

Farm work

20) Number of children born to mother, including present birth 1 2

MOTHER

(14) NAME BEFORE MARRIAGE *Mrs. Frazier*

(15) PRESENT POSTOFFICE OF MOTHER *Pharmacist*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *19*

(18) BIRTHPLACE

(18) OCCUPATION

House & Farm

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was Born alive at M.,
on the date above stated. 2 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Manda Prince

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

Given name added from a supplemental report

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

(27) Filed 1922 (28) 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.