(1) PLACE OF BIRTH

County of Williamsburg

Township of Hope

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2689

Registration District No. 4301 Registered No. 9
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child: Frank Jor

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

(3) BOY OR GIRL? Boy

(4) Twin or triplet? None
To be answered only in event of twins or triplets

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov. 30, 12
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dozier Jor

(9) PRESENT POSTOFFICE OF FATHER Greelyville S.C.

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 43 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Prince

(15) PRESENT POSTOFFICE OF MOTHER Greelyville S.C.

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) 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 at 5:00 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Burns

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Greelyville S.C.

Given name added from a supplemental report

..... 191...

..... Registrar

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

(27) Filed Dec 6, 1912 (28) J. A. Blackwell
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.

Registrar | ..... 191... (28) J. A. Blackwell
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.

N. B.—Law of Columbia.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

A SEPARATE BLANK for each child, and mark the