

(1) PLACE OF BIRTH

County of Greenville

Township of

OR
Inc. Town of Honea

City of

(2) Full Name of Child Frank M. Kozie

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

40845

Registration District No. 307Registered No. 160
(For use of Local Registrar)St. Ward
(If child is not yet named, make supplemental report as directed)

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|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>No</u> <small>to be answered only in event of twins or triplets</small> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 10 1922</u> (Name of Month) (Day) (Year) |
| (8) FULL NAME <u>Frank M. Kozie</u> | | | (9) DATE OF BIRTH <u>Dec 10 1922</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Honea South S.C.</u> | | | (10) PRESENT POSTOFFICE OF MOTHER <u>Honea South S.C.</u> | |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>22</u> (Years) | (12) BIRTHPLACE <u>S.C.</u> | (13) COLOR OR RACE <u>white</u> | (14) AGE AT LAST BIRTHDAY <u>19</u> (Years) |
| (15) OCCUPATION <u>Cash Dealer</u> | | | (16) OCCUPATION <u>Domestic</u> | |
| (17) Number of children born to mother, including present birth <u>1</u> | | | (18) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive, at 8 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Honea South S.C.

Given name added from a supplemental report

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Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1922 (28) Jennie Williams
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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