

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Marlboro

Township of .....

or

Inc. Town of Bennettsville

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 Joe Thomas Frasier { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy(4) Twin or Triplet? no

To be answered only in event of Twins or Triplets

(5) Number in order of birth no(6) Are Parents Married? yes(7) DATE OF BIRTH Aug, 14, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. C. Frasier(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 36 (Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Machine Agent(20) Number of children born to mother, including present birth { 3 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Sulu May Wilson(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE N.C.(19) OCCUPATION wife(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 alive at 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. D. Croston(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bennettsville 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 Aug 19<sup>th</sup> 1916 (28) W. C. Pate 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73895

Registered No. 67 (For use of Local Registrar)Registration District No. 33-A