

(1) PLACE OF BIRTH

County of Culhoun
 Township of Amelia
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37395

Registration District No. 400 Registered No. 136
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Archie Hane Fraser If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? no (7) DATE OF BIRTH May 11, 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Hane
 (9) PRESENT POSTOFFICE OF FATHER Fort Mott S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Fort Mott S.C.
 (13) OCCUPATION looper
 (20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Archie Fraser
 (15) PRESENT POSTOFFICE OF MOTHER Fort Mott S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16
 (Years)
 (18) BIRTHPLACE Fort Mott S.C.
 (19) OCCUPATION looper
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Archie May 11 at H. G. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phillip P. Parker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
midwife Fort Mott S.C.

Given name added from a supplemental report

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

(27) Filed Dec 4 19 22 (28) A. R. Able
 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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