

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cane Creek
 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

19152

Registration District No. 2801 Registered No. 24
 (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 Rob Frazier

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH June 19 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Frazier
 (9) PRESENT POSTOFFICE OF FATHER Lancaster, S. C., #4
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Lancaster Co. S. C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth three

MOTHER.

(14) NAME BEFORE MARRIAGE Almeta Benson
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S. C., #4
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 25 (Years)
 (18) BIRTHPLACE Lancaster Co. S. C.
 (19) OCCUPATION farming
 (21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kate Goch

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lancaster S. C. #4 B. 31

Given name added from a supplemental report

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

(27) Filed June 19 1922 (28) J. H. Crofford 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.