

(1) PLACE OF BIRTH

County of Clarendon
 Township of Landy Grove
 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

18261

Registration District No 7.8.16 Registered No. 2.2
 (For use of Local Registrar)

City of..... (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 Leila Frasier If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin Twins or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 1 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Frasier
 (9) PRESENT POSTOFFICE OF FATHER Lane City, S.C. Route 1
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE Clarendon Co.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bella Frison
 (15) PRESENT POSTOFFICE OF MOTHER Lane City S.C. Route 1
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Clarendon Co.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Gordon
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lane City S.C.

Given name added from a supplemental report

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

(27) Filed June 4 19 22 (28) C. H. McFadden 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.