Form No. 1

(1) PLACE OF BIRTH

County of Cochran

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
3069

Registration District No. 5-4 Registered No. 9
(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 Fanny Ray (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet —

(5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb. 25 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Grover Ray

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm work

(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) MAIDEN NAME BEFORE MARRIAGE Ollie Belle Smith

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm work

(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 born alive on the date above stated. (Born alive or stillborn) at 10 A. M. (Hour A. M. or P. M.)

(23) (Signature) Miller L. Jones

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: St. Matthews

(Give name under item 2 in supplemental report)

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

(27) Filed Mar 5 1923 (28) A. R. Cobb

*Where ... If a ...