

## (1) PLACE OF BIRTH

County of

Township of

or  
In. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21892

Registration District No. 3.305

Registered No. 105

(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

Magolene Ray

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

(3) Sex of Child Girl	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH July 19, 1922 (Name of Month) (Day) (Year)
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FATHER			MOTHER		
(8) FULL NAME Nator James Ray	(9) NAME BEFORE MARRIAGE Gertie Ray		(10) PRESENT POSTOFFICE OF FATHER McCabe & Co	(10) PRESENT POSTOFFICE OF MOTHER McCabe & Co	
(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 27 (Year)		(10) COLOR OR RACE White	(11) AGE AT LAST BIRTHDAY 29 (Year)	
(11) BIRTHPLACE Harry Co. S.C.			(11) BIRTHPLACE Harry Co. S.C.		
(12) OCCUPATION Cotton Mill work			(12) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth 6			(21) Number of children of this mother now living, including present birth 4		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive or stillborn, as 1 A. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. E. Buckner(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife McCabe & Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 25, 1922

(28)

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.