

Form No. 1

(1) PLACE OF BIRTH

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County of

Township of

Inc. Town of

City of

(2) Full Name of Child

BOY OR GIRL?

13

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE BIRTH

24 1 23

FATHER.

John H. Ray

Newberry SC

wh (11) AGE AT LAST BIRTHDAY 39

SC (12) BIRTHPLACE

SC (13) OCCUPATION

Farming

Number of children born to mother, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Apr 11 1923 (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.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
7936

Registration District No. 3406 Registered No. 3
(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.)

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

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 33

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

OR MIDWIFE

(Born alive or stillborn) (Hour, A. M. or P. M.)

(25) Address of Physician or Midwife

(26) Witness

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

(27) Filed Apr 11 1923 (28) Local Registrar

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