

Form No. 1

(1) PLACE OF BIRTH

County of C. Landow
 Township of St. Paul
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

24055

Registration District No. 1311 Registered No. 46
 (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 Lizzie Ragin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet No (5) Age in years at birth yes (6) DATE OF BIRTH Aug 26, 1923
 To be answered only in event of Twin or Triplet (Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME Willie Ragin
 (9) PRESENT POSTOFFICE OF FATHER St. Paul, S.C.
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 32
 (12) BIRTHPLACE Landow, S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Laura
 (15) PRESENT POSTOFFICE OF MOTHER St. Paul, S.C.
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24
 (18) BIRTHPLACE Landow, S.C.
 (19) OCCUPATION House wife
 (20) Number of children of this mother now living, 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 at 5 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Meschen
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. Paul, S.C.

(Given name added from a supplemental report)

(26) Witness Henry King
 (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 1, 1923 (28) J. Henry King Local Registrar

*When there was no attending physician or midwife, then the father, householder, or should make the 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.