(1) PLACE OF BIRTH

County of Bamberg

Township of Bamberg

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 27149

Registration District No. 400 ..... Registered No. 114 .....

(For use of Local Registrar)

(2) Full Name of Child Estell Ray

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

(3) Sex of Child	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Fe	To be answered only in event of Twins or Triplets		Yes	April 17, 23

FATHER	MOTHER
(8) FULL NAME: James Ray	(14) NAME BEFORE MARRIAGE: Ettie Williams
(9) PRESENT POSTOFFICE OF FATHER: Denmark R.F.D.	(15) PRESENT POSTOFFICE OF MOTHER: Denmark R.F.D.
(10) COLOR OR RACE: Col (11) AGE AT LAST BIRTHDAY: 31 (Years)	(16) COLOR OR RACE: Col (17) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: Bamberg	(18) BIRTHPLACE: Bamberg
(13) OCCUPATION: Farmer	(19) OCCUPATION:
(20) Number of children born to mother, including present birth: 10	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mary Tillie Fike

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed ..... 19 .... (28) ..... Local Registrar

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

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Bureau of Columbia, Columbia, S. C.