

2-16-43

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH County of <u>Edgefield</u> Township of _____ or Inc. Town of <u>Edgefield, SC RFD 3</u> or City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA		FILE No.—For State Registrar Only <u>00112</u>	
2. FULL NAME OF CHILD <u>Queen Rebecca Raiford</u>		Registration District No. <u>1804</u>		Registered No. _____ (For use of Local Registrar)	
3. Boy or Girl <u>girl</u>	If Plural Births _____	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married? <u>yes</u>
8. Date of birth <u>Sept 26</u> 19 <u>46</u> (Month, day, year)					
9. Full name of FATHER <u>Joseph Raiford</u>		18. Name before marriage of MOTHER <u>Laura Williams</u>			
10. Residence (mailing address) <u>Edgefield, S.C. RFD 3</u> (If non-resident, give place and State)		19. Residence (mailing address) <u>Edgefield RFD 3, S.C.</u> (If non-resident, give place and State)			
11. Color or race <u>Negro</u>	12. Age at child's birth <u>19</u> (years)	20. Color or race <u>Negro</u>	21. Age at child's birth <u>17</u> (years)		
13. Birthplace (city or place) <u>Edgefield S.C.</u> (State or country)		22. Birthplace (city or place) <u>Edgefield S.C.</u> (State or country)			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farmer</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>			
16. Date (month and year) last engaged in this work _____		17. Total time (years) _____		25. Date (month and year) last engaged in this work _____	
19. _____		spent in this work _____		26. Total time (years) _____	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>7</u>		(b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation _____ (month/weeks)		29. Cause of stillbirth _____			
		Before labor _____			
		During labor _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at Edgefield m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report _____
(Date of) _____

(Signed) Laura Raiford, Parent
or _____, Guardian

Address Ridge Spring S.C. R. F. 1, Box 66

Filed 8 10 1946 J. A. Riden, M.D.
Registrar.

Registrar.