

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 Edgefield Standard Certificate of Birth
 STATE OF SOUTH CAROLINA
 Township of _____
 or
 Inc. Town of Edgefield, S.C. RFD 3 Registration District No. 1804 Registered No. _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only

00112

2. FULL NAME OF CHILD Queen Rebecca Raiford { If child is not yet named, make supplemental report as directed.

3. Boy or Girl girl If Plural births _____ 4. Twin, triplet or other _____ 6. Premature _____ 7. Are Parents yes 8. Date of birth sent 26 19 16
 5. Number, in order of birth _____ Full term _____ Married? yes (Month, day, year)

9. Full name FATHER Joseph Raiford 18. Name before marriage MOTHER Laura Williams
 10. Residence (mailing address) (If non-resident, give place and State) Edgefield, S.C. RFD 3 19. Residence (mailing address) (If non-resident, give place and State) Edgefield, RFD 3, S.C.

11. Color or race Negro 12. Age at child's birth 19 (years) 20. Color or race Negro 21. Age at child's birth 17 (years)
 13. Birthplace (city or place) (State or country) Edgefield, S.C. 22. Birthplace (city or place) (State or country) Edgefield, S.C.

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housekeeper
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) _____
 19. _____ spent in this work _____ 19. _____ spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn 0

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 _____ (Date of) _____
 a supplementary report _____

(Signed) Laura Raiford, Parent
 or _____, Guardian

Address Ridge Spring, S.C. R. 7th, Box 66

Filed 5 10, 1944 J. A. Rivers, M.D.
 Registrar.

Registrar.