

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of New Hope
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16237

Registration District No. 36/2Registered No. 37
(For use of Local Registrar)

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

(2) Full Name of Child Raymon Alsey

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

(3) BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Age Parents Marriage 9 (7) DATE OF BIRTH 5/3 1927
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alta Alsey
 (9) PRESENT POSTOFFICE OF FATHER Rowsville SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Obg Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Felicia Mayo
 (15) PRESENT POSTOFFICE OF MOTHER Rowsville SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Obg Co
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alta at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah E. Emanuel
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rowsville SC

Given name added from a supplemental report

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

(27) Filed 5/6 1927 (28) [Signature] 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.

MAKING UNRECORDED FOLIO BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5. REGISTERED IN COLUMBIA, S. C.