

Form No. 1

(1) PLACE OF BIRTH

County of Hamfield
Township of #5

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42732

Inc. Town of Longhorn S.C. Registration District No. 1004 Registered No. 52
(For use of Local Registrar)
City of Longhorn S.C. St. Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Full Name of Child Jalillah Ray If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Parents Married? yes (7) DATE OF BIRTH Nov 21 1915
(Name of Month) (Day) (Year)

FATHER.

FULL NAME Robt Lamar RayPRESENT POSTOFFICE OF FATHER Rayway S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Hamfield Co S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miriam Center(15) PRESENT POSTOFFICE OF MOTHER A.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE D.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

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. (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Emma A. Cunningham
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Longhorn S.C.

When name added from a supplemental report

191

(26) Witness X (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 28 1915 (28) W. G. Reese 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.