

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Durham  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St. .... Ward ....)

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
**17803**

Registration District No 2205 Registered No. 26  
 (For use of Local Registrar)

(2) Full Name of Child Raymond Toney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 18, 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Raymond Toney</u>			(14) NAME BEFORE MARRIAGE <u>Beatrice Caldwell</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Toney, Creek, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Toney Creek S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>at home</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. [Signature]  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife Ray S.C.

(Given name added from a supplemental report)

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

(27) Filed June 19 23 (28) W. W. [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.

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