

Form No. 1

(1) PLACE OF BIRTH

County of LexingtonTownship of "OF
Inc. Town of "OF
City of "

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7721

Registration District No. 3109 Registered No. 15-
(For use of Local Registrar)(2) Full Name of Child Ressie Ray Vassay Jr. (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Mar 19, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ressie Ray Vassay(9) PRESENT POSTOFFICE OF FATHER Lexington SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE Gaffney SC(13) OCCUPATION Cherished white(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Amie Martha Ruff(15) PRESENT POSTOFFICE OF MOTHER Lexington SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Year)(18) BIRTHPLACE Newberry Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.,
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(22) (Signature) E. F. Roberts(23) State whether Physician or Midwife (24) Address of Physician or Midwife on S. I. Lexington SC

Given name added from a supplemental report

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

(26) Filed Apr 7, 1923 (27) Mrs. C. J. Low 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.

Bureau of Columbia, Columbia, S. C. Form No. 1, THE OTHER, No. 2, etc., in question 1.