

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH ENLARGED INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD AND MARK IN FIRST-BORN, INC. 2. THE OTHER, INC. 3. USE IN SECTIONS 3.

(1) PLACE OF BIRTH
County of Chesherfield
Township of Colebrook
or
Inc. Town of.....
or
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
792

Registration District No. 13.2.3. Registered No. 1.....
(For use of Local Registrar)

(2) Full Name of Child Abraham Ford Rayfield If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Arthur Rayfield
(9) PRESENT POSTOFFICE OF FATHER Tallich S.C.
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 28.....
(12) BIRTHPLACE Cleveland County N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Della Boon
(15) PRESENT POSTOFFICE OF MOTHER Tallich S.C.
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 31.....
(18) BIRTHPLACE Chesherfield Co S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:34 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glenns Gannon
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Tallich S.C.

Given name added from a supplemental report
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..... 19

(26) Witness Signature of Witness necessary only when question 23 is signed by mark
(27) Filed Feb 2 1922 (28) J. A. Davis 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.

Registrar Local Registrar
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