

(1) PLACE OF BIRTH

County of RichlandTownship of Blythewood

OF

Inc. Town of

or

City of

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

(2) Full Name of Child Margaret Cooper Ray

File No.—For State Registrar Only

18947

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

St.; Ward)

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

0

(5) Number in order of birth

0

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Franklin Ray

(9) PRESENT POSTOFFICE OF FATHER

Camden, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27
(Years)

(12) BIRTHPLACE

Cherokee County, S.C.

(13) OCCUPATION

Cotton Mill Worker

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Player

(15) PRESENT POSTOFFICE OF MOTHER

Camden, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Kershaw County, S.C.

(19) OCCUPATION

House wife

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 A. M., on the date above stated. (Hour A. M. P. M.)

(23) (Signature)

Ernest Cooper

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

State Park S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

191

(28)

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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