

(1) PLACE OF BIRTH

County of JeffersonTownship of JeffersonInc. Town of JeffersonCity of Jefferson

(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

Registration District No. 1907Registered No. 3742
(For use of Local Registrar)(2) Full Name of Child William P. Ray

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy(4) Date of Birth Jan 10 1907(5) Number in order of birth 24(6) Are Parents Married Yes(7) DATE OF BIRTH Jan 10 1907
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME W. L. Ray(9) PRESENT POSTOFFICE OF FATHER Edgeway Sp(10) COLOR OR RACE White(12) BIRTHPLACE Ill.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 8

MOTHER

(15) NAME BEFORE MARRIAGE Nancy Ford(16) PRESENT POSTOFFICE OF MOTHER Edgeway Sp(17) COLOR OR RACE White(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 3 A.M., on the date above stated. (Born alive or stillborn: Hour: M. or P. M.)(22) (Signature) W. L. Ray(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife W. L. Ray, Edgeway Sp

(25) When there was no attending physician or midwife, the report is made by the mother or by a person designated by her.

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

W. L. Ray Local Registrar

When there was no attending physician or midwife, the report is made by the mother or by a person designated by her. The report is made by the mother or by a person designated by her.

If a child is born dead, the report is made by the mother or by a person designated by her.