

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of Six

Inc. Town of

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 Arnold H. Ray

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2104 Registered No. 20

No. 24501

(3) SEX OR CHILD boy (4) Type or Infant To be reported only to extent of Type or Infant (5) Number in order of birth 74 (6) DATE OF BIRTH Aug 2 1933

FATHER.
(7) FULL NAME George H. Ray Jr
(8) PRESENT RESIDENCE OF FATHER Hemingway S.C.
(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 40
(11) BIRTHPLACE Georgetown Co S.C.
(12) OCCUPATION Farming
(13) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mary E. Carter
(15) PRESENT RESIDENCE OF MOTHER Hemingway S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(18) BIRTHPLACE Georgetown Co S.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (22) 12 M. (23) Hour A. M. or P. M.

(24) (Signature) G. W. Ray (25) State whether Physician or Midwife Physician (26) Address of Physician or Midwife Hemingway S.C.

Given name added from a supplemental report
(27) Witness (28) (Signature of Witness necessary only when question 27 is signed by mark)
(29) Filed Aug 10 1933 (30) J. M. C. ... 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 required of stillbirths before the fifth month of pregnancy.