

Form No. 1

(1) PLACE OF BIRTH

County of Sumter S.C.

Township of State

Inc. Town 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

66477

Registration District No. 4109 Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child Mary Ella Ray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 6-15-1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Ray

(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.

(10) COLOR OF RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ella Rives Kelly

(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Keeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret Richardson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness A. J. Mangle (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/17 1916 (28) A. J. Mangle 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.