

## (1) PLACE OF BIRTH

County of UnionTownship of Santee

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

Registration District No. 4206

No. for State Registrar

8765

Registered No. 4  
(For use of Local Registrar)(2) Full Name of Child Ray Hobson

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

(a) SEX OR  
ONLY Boy(b) Type  
or Triplet Single(c) Number in  
order of birth First(d) Age  
months 2(e) DATE OF  
BIRTH Jan 17, 23  
(Month of Month) (Day) (Year)

## FATHER.

(1) FULL  
NAME(2) PRESENT  
POSTOFFICE  
OF FATHER(3) COLOR  
OR  
RACE(4) AGE AT LAST  
BIRTHDAY  
(Years)

(5) BIRTHPLACE

(6) OCCUPATION

(7) Number of children born to  
mother, including present birth 3

## MOTHER.

(1) NAME BEFORE  
MARRIAGE Sarah Hobson(2) PRESENT  
POSTOFFICE  
OF MOTHER Santee SC.(3) COLOR  
OR  
RACE Colored(4) AGE AT LAST  
BIRTHDAY 23  
(Years)(5) BIRTHPLACE SC.(6) OCCUPATION Farming(7) Number of children of this mother  
now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(29) (Signature) Sarah Ferguson

(30) State whether Physician or Midwife

(31) Address of Physician or Midwife

Given name added from a supplement-  
tal report(32) Witness  
(Signature of Witness necessary only  
when question 28 is signed by mark)(33) Filed 2/10 1923 (34) L.B. Johnson  
Registrar Local RegistrarWhen 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.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.