

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

70469

Registration District No. 4007

Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child

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

1

To be answered only in event of Twins or Triplets.

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 24 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Ravan

(9) PRESENT POSTOFFICE OF FATHER

Moore S.C. Rd.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(12) BIRTHPLACE

Palko N.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Samie Dice

(15) PRESENT POSTOFFICE OF MOTHER

Moore S.C. Rd.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

R. H. Wilson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Spartanburg 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 Aug 9 1916

(28) L. H. Wilson

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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MAILED REGISTERED COPY RETURNED TO THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S.C.

NOTE NO. 1. WHEN BLANKLY, WITH UNLINED SPACE, IS A PERMANENT RECORD.

NOTE NO. 2. IN CASE OF TWINS OR TRIPLETS, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

McClaw, of Columbia