

(1) PLACE OF BIRTH

County of LaurensTownship of Dials

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

43267

Registration District No. 29.01Registered No. 144
(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? <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets <u>7</u>	(5) Number in order of birth <u>7</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 18, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Ratimer(9) PRESENT POSTOFFICE OF FATHER Gray Court S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Bina Thompson(15) PRESENT POSTOFFICE OF MOTHER Gray Court S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 2.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. W. Reason(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gray Court S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 19 (28) 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.