

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.N. B.—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 5.
Caw. of Columbia.

(1) PLACE OF BIRTH
 County of Fairfield
 Township of 13
 or
 Inc. Town of Strocks
 or
 City of (No. St.; Ward)
 (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 HealthFile No.—For State Registrar Only
72642(2) Full Name of Child. Alice Beverly Ragsdale { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>X</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 17, 1916</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Claud Ragsdale

(9) PRESENT POSTOFFICE OF FATHER Blair

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Ruth Coward

(15) PRESENT POSTOFFICE OF MOTHER Blair

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louise Lyles

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

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 1916 (28) W E DeBibus
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.