

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 6.

Saw, of Columbia.

## (1) PLACE OF BIRTH

County of *Fairfield*Township of *13*or  
Inc. Town of *Strocks*

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 Health

File No.—For State Registrar Only

72642

Registration District No. *1913* Registered No. *15*  
(For use of Local Registrar)(2) Full Name of Child. *Alice Beverly Ragsdale* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *X*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *June 17, 1916*  
(Name of Month) (Day) (Year)

## 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) *M 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.