

(1) PLACE OF BIRTH

County of Anderson....

Township of

Inc. Town of

City of Anderson....

(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

No. 2749 - For this Register

2749

Registration District No. 3ARegistered No. 3-4

(For use of Local Registrar)

(2) Full Name of Child Ray Edward Langeston

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

(1) SEX OF CHILD <u>BOY</u>	(2) Type of Toilet <u>To be answered only in event of Toilet or Toilet</u>	(3) Number in order of birth <u>1</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Feb. 19, 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>William I Langeston</u>			(14) NAME OF MOTHER <u>Hassie Medlock</u>	
(7) PRESENT RESIDENCE OF FATHER <u>Anderson</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Anderson</u>	
(8) COLOR OF FATHER <u>W</u>	(9) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OF MOTHER <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(18) BIRTHPLACE <u>And Co S C</u>			(19) BIRTHPLACE <u>And Co S C</u>	
(20) OCCUPATION <u>Septile</u>			(21) OCCUPATION <u>domestic</u>	
(22) Number of children born to mother, including present birth <u>3</u>			(23) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(25) (Signature)

(26) Name of Physician or Midwife

(27) Address of Physician or Midwife

Given name added during pregnancy and report

When there was no change in name during pregnancy, no report

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