

Form No. 1

## (1) PLACE OF BIRTH

County of GeorgetownTownship of # Sixor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

David Ray

File No.—For State Registrar Only

42535

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2105 Registered No. 61  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL

boy

(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

Dec 9, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clowden Ray

(9) PRESENT POSTOFFICE OF FATHER

Hemingway S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35  
(Years)

(12) BIRTHPLACE

Georgetown Co S.C.

(13) OCCUPATION

Jamming

## MOTHER.

(14) NAME BEFORE MARRIAGE

Florrie Cobb

(15) PRESENT POSTOFFICE OF MOTHER

Hemingway S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Georgetown Co S.C.

(19) OCCUPATION

Housewife

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

4

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 10 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

A. J. Cobb

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Hemingway 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

Dec 10, 1922

(28)

J. L. McCracken  
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.