

## (1) PLACE OF BIRTH

County of Anderson  
 Township of York  
 or  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

13605

Registration District No. 30.5 Registered No. 52  
 (For use of Local Registrar)

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

## (2) Full Name of Child

1. SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH May 17 1932  
 (Name of month) (Day) (Year)

## FATHER

2. FULL NAME Ray Roney  
 3. PRESENT POSTOFFICE OF FATHER Seneca S.C.  
 10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (Years)  
 12. BIRTHPLACE Ida  
 13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 1 3c

## MOTHER

14. NAME BEFORE MARRIAGE Pauline Myrtle Dean  
 15. PRESENT POSTOFFICE OF MOTHER Seneca S.C.  
 16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)  
 18. BIRTHPLACE And. Co.  
 19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth 1 3c

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1932

(28)

J. J. Galloway

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.