

1. PLACE OF BIRTH
County of Charleston
Township of _____
or
Inc. Town of Rantowles SC.
or
City of _____

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. _____

FILE No.—For State Registrar Only
- 37637-A

2. FULL NAME OF CHILD See Ravenel.
(If birth occurs in a hospital or other institution, give name of same instead of street and number) { If child is not yet named, make supplemental report as directed.

3. Sex or Girl Boy If Plural births { 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Are parents married? Yes 8. Date of birth Nov. 9, 1922
(Month, day, year)

9. Full name Julius Ravenel. FATHER 18. Full maiden name Clara Smalls. MOTHER

10. Residence (usual place of abode) Rantowles SC. 19. Residence (usual place of abode) Rantowles SC.
(If nonresident, give place and State) (If non-resident, give place and State)

11. Color or race Negro 12. Age at last birthday 23 (Years) 20. Color or race Negro 21. Age at last birthday 14 (Years)

13. Birthplace (city or place) Rantowles SC. 22. Birthplace (city or place) Ravenel, S.C.
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. at home.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) 1 (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months _____ weeks _____ 29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report _____ (Date of) _____

(Signed) Ratie Singleton her mother D. Midwife
or Rantowles SC.
Address _____
Filed _____, 19 _____ Ratie Parks Registrar.

Registrar.