

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 5.
McNary of Columbia.

FORM NO. 3.

(1) PLACE OF BIRTH

County of *Harry*

Township of *Bayboro*

or

Inc. Town of

or

City of

(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

77509

Registration District No. *2500*

Registered No. *183*

(For use of Local Registrar)

(2) Full Name of Child

Nancie L. Ray

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *no*

(7) DATE OF BIRTH *Sept. 22, 1914*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE *Jane Ray*

(15) PRESENT POSTOFFICE OF MOTHER *Allsbrook S C*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *18*
(Years)

(18) BIRTHPLACE *Harry Co*

(19) OCCUPATION *Wager*

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9:30* P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *J. H. Granger*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Bayboro S C*

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed *Sept 29 1914*

Registrar

(28)

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.