

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.

J. Caw. of Columbia.

County of *Georgetown*
 Township of *St. Six*
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. *2105* Registered No. *555*
 (For use of Local Registrar)

(2) Full Name of Child *Fleetie Thelma Ray* { If child is not yet named, supplemental report as directed.

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in event of Twins or Triplets</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>August 21</i> (Name of Month) (Day)
FATHER.			MOTHER.	
(8) FULL NAME <i>George W. Ray</i>	(14) NAME BEFORE MARRIAGE <i>Mary Elizabeth</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Smiths Mills S C</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Smiths Mills</i>			
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>34</i> (Years)	(16) COLOR OR RACE <i>white</i>	(17) AGE AT LAST BIRTHDAY <i>2</i> (Year)	
(12) BIRTHPLACE <i>Georgetown C. S C</i>	(18) BIRTHPLACE <i>Georgetown Co S</i>			
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>housewife</i>			
(20) Number of children born to mother, including present birth <i>3</i>	(21) Number of children of this mother now living, including present birth <i>3</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *11* a.m. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Shelley M. Moore*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Petersfield C. R. Williams*

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
G. R. Williams

(27) Filed *Sept 10* 191*6* (28) *J. L. McCreary* Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.