

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
M. M.—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.

(1) PLACE OF BIRTH

County of Newberry
Township of N.D. M. C.
or
Inc. Town of Pomaria
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43826

Registration District No. 3404 Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Green Ratchiff 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 case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 9th 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Zebo Ratchiff
(9) PRESENT POSTOFFICE OF FATHER Pomaria R#2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Alabama
(13) OCCUPATION Road Construction Labour
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel Ratchiff
(15) PRESENT POSTOFFICE OF MOTHER Pomaria R#2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Ala.
(19) OCCUPATION Domestic
(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 Albino at 3 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Masouri Sumner
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pomaria R#2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 12 1922 (28) R. J. Johnson 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.