

(1) PLACE OF BIRTH

County of Spartanburg
 Township of # 2

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12736

Ine. Town of Registration District No. 8901 Registered No. 28
 (For use of Local Registrar)

City of (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 Kessie May Raudan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 1 3 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Raudan

(9) PRESENT POSTOFFICE OF FATHER Johnston, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE Spartanburg Co., S.C.

(13) OCCUPATION miner

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Raura Raudan

(15) PRESENT POSTOFFICE OF MOTHER J. Raudan, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (Years)

(18) BIRTHPLACE Aiken S. C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (For alive or stillborn) (Hour A. M. or P. M.) 10 P.
 on the date above stated.

(23) (Signature) Dr. Raudan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Red Bank, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10 1922

(28)

File Branch
 Local Registrar

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.

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