

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.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Durham Co.
Township of Butter
OF
Inc. Town of.....
OR
City of.....

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

Registration District No. 1606

File No.—For State Registrar Only

42116

Registered No. 94
(For use of Local Registrar)

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

(2) Full Name of Child Ray Platt

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 21 1927
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Carlisle Platt
(9) PRESENT POSTOFFICE OF FATHER Lane SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Ohio O.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Francis McCaskey
(15) PRESENT POSTOFFICE OF MOTHER Lane SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Ohio O.C.
(19) OCCUPATION House wife
(21) 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.....at.....M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) _____
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report
.....
.....
....., 19....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/9.....1928 (28) W. J. Rogers
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.