

1. PLACE OF BIRTH

County of Jasper
 Township of Crossinotatchee
 or
 Inc. Town of Ridgeland
 or
 City of SS.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2600

FILE No.—For State Registrar Only

30786-aRegistered No. 61

(For use of Local Registrar)

FULL NAME OF CHILD Wm. Raymond Malphrus

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

Boy or Girl

If Plural

4. Twin, triplet, or other

5. Premature

7. Are parents

8. Date of birth

Sept. 21932

births

5. Number, in order of birth

Full term ✓married? ✓

(Month, day, year)

Full name

FATHER

Raymond

18. Full maiden name

MOTHER

Aline Mock9. Residence (usual place of abode)
(If nonresident, give place and State)19. Residence (usual place of abode)
(If non-resident, give place and State) SS.

2. Color or race

white

12. Age at last birthday

34

(Years)

20. Color or race

white

21. Age at last birthday

19

(Years)

3. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

Ridgeland SS.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Farmer

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Housewife

16. Date (month and year) last engaged in this work

1932

17. Total time (years) spent in this work

25. Date (month and year) last engaged in this work

1932

26. Total time (years) spent in this work

27. Number of children of this mother
(At time of this birth and including this child)(a) Born alive and now living 1

(b) Born alive but now dead

(c) Stillborn

28. If stillborn,

period of gestation

{ months
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from

a supplemental report

(Date of)

Registrar

(Signed)

or

Address

Filed

Dr. C. E. Smith

M. D.

Midwife

Ridgeland SS.Sept. 7.

1933

Mrs. E. S. Merriman

Registrar