

P. O. NO. 4. MARGIN RESERVED FOR BINDING. WHITE 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 8. W. I. McCaw of Columbia.

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

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 37-A Registered No. 6  
 or  
 City of Cady (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 Henry Lee Ray, Sr. If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only  
**47136**

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>In no case reported only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 22 1916</u> <small>(Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Henry L. Brown</u>		(14) NAME BEFORE MARRIAGE <u>Russell Jones</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens SC</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>
(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>		(18) BIRTHPLACE <u>Pickens County SC</u>		
(12) BIRTHPLACE <u>Pickens Co SC</u>		(19) OCCUPATION <u>Domestic</u>		
(13) OCCUPATION <u>Mill hand</u>		(20) Number of children born to mother, including present birth <u>5</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was ..... at 1:30 ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Pickens SC

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) .....  
[Signature]

(27) Filed July 7 1916 (28) [Signature] Local Registrar

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