

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 5.

FORM NO. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50698

(1) PLACE OF BIRTH
 County of Willoughby
 Township of Johnson
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. H. 304 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child. Rastan Bayly } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>Jul 9 1914</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Julian Bayly

(9) PRESENT POSTOFFICE OF FATHER Hamway A.C. R.F.D.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Jina Mathews

(15) PRESENT POSTOFFICE OF MOTHER Hamway A.C. R.F.D.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elizabeth P. Sampson

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Hamway A.C.

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

(27) Filled July 18 1914 (28) R.H. And Local Registrar

Given name added from a supplemental report _____, 191____

_____, 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.

McCaw, of Columbia.