

Form No. 8

1. PLACE OF BIRTH

County of AlbemarleTownship of 11

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4-2-2

FILE No.—For State Registrar Use

304208

Registered No. _____

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Lara Mae Ray

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

2. SEX OR Girl3. Date of Birth Jan 134. Number in order of birth 15. Name of Mother Anna Ray6. DAY OF BIRTH 13

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER

7. FULL NAME Albert Ray8. PRESENT RESIDENCE OF FATHER Albemarle S.C.9. COLOR OR RACE Negro10. AGE AT LAST BIRTHDAY 32 (Years)11. BIRTHPLACE S.C.12. OCCUPATION Bus. Man13. Number of children born to mother, including present birth 2

MOTHER

14. NAME OF MOTHER Anna Ray15. PRESENT RESIDENCE OF MOTHER Albemarle S.C.16. COLOR OR RACE Negro17. AGE AT LAST BIRTHDAY 24 (Years)18. BIRTHPLACE S.C.19. OCCUPATION Housewife20. Number of children of the 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 Alive (born alive or stillborn) (Hour A.M. or P.M.) 11:15 M. on the date above stated.23. Signature Laura J. Blane24. Sign whether Physician or Midwife Midwife25. Address of Physician or Midwife Albemarle S.C.

Given name added from a supplemental report

26. Witness J. B. P. P. P.

(Signature of Witness necessary only when question 25 is signed by mark)

27. Date Feb 23 192328. J. B. P. P. P. 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.