

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

or
Inc. Town of Lumpsumville

or
City of Lumpsumville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4708

Registration District No. 22W

Registered No. 15

(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 Elliot Ray

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 2
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 27 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Ray

(9) PRESENT POSTOFFICE OF FATHER Lumpsumville

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE Laurens Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Tucker

(15) PRESENT POSTOFFICE OF MOTHER Lumpsumville

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE Greenville Co

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 7:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Physician M. C. Smith
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/9

1916

(28)

L. H. Richardson
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. R.—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.
McGaw, of Columbia