

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 2.
 See also columns, columns, 6, 7.

(1) PLACE OF BIRTH

County of Acorn
 Township of
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No. 7 in State Registrar Only
14733

Registration District No. 3504 Registered No. 44
 (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 Raymon W. Dymond If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth 6 (6) Are Parents Married yes (7) DATE OF BIRTH 12-28-28
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Ray Dymond</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Wadkins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Seneca St</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Seneca St</u>
(10) COLOR OR RACE <u>colored</u>	(16) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Progreso</u>	(18) BIRTHPLACE <u>Progreso</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 61 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 Physician (25) Address of Physician or Midwife Seneca St

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]
 (27) Filed 12-24 (28) [Signature] 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.