

(1) PLACE OF BIRTH

County of KershawTownship of LugoffInc. Town of LugoffCity of Lugoff

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64960

Registration District No. 224 Registered No. 117

(For use of Local Registrar)

(2) Full Name of Child James Reay

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14 1912</u>
Is he assumed only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Reay(9) PRESENT POSTOFFICE OF FATHER Lugoff SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Lugoff SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Murphy(15) PRESENT POSTOFFICE OF MOTHER Lugoff SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Lugoff SC(19) OCCUPATION Housewife(21) Number of children of this 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 12 at M. on the date above stated. (Born alive on (Hour A. M. or P. M.))(23) (Signature) Midwife Hattie Murphy Lugoff SC

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

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 7/15/12 (28) 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.

MARGIN RESERVED FOR BINDING.
 WRITE 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.
 McCaw, of Columbia.