

(1) PLACE OF BIRTH
 County of Parlarbury
 Township of
 or
 Inc. Town of
 or
 City of
 (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
74673

Registration District No. 40-A Registered No. 332
 (For use of Local Registrar)
 (No. 127, Weldon Ave St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Raymond

(3) BOY OR GIRL? Boy (4) Twin or Triplets? (5) Number in order of Birth (6) Are Parents Married? (7) DATE OF BIRTH Aug 28 1916
To be answered only in event of 1 twin or triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME R. J. Raymond
 (9) PRESENT POSTOFFICE OF FATHER Parlarbury S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE Rutherfordton N.C.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Julia Woods
 (15) PRESENT POSTOFFICE OF MOTHER Parlarbury S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Russell N.C.
 (19) OCCUPATION Domestic
 (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 at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. D. ...
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Parlarbury, S.C.

Given name added from a supplemental report
 _____, 191...

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept. 1 1916 (28) Jas. Copes 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.

WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD. I MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5. McCaw, of Columbia.