

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
or
Inc. Town of
or
City of Abbeville

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20621

Registration District No. 1A Registered No. 844
(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 Albert Leo Rayzor

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Allen Rayzor
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S. C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Abbeville, S. C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Fair
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S. C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John C. Jenkins
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness William H. Alister
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 7, 1922 (28) John C. Jenkins 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.

*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.