

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Mt. Craghead  
 Inc. Town of.....  
 City of.....

## CERTIFICATE OF BIRTH

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

No. 35354

Registration District No. 1208 Registered No. 87  
 (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 Janie C. Ratliff If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Type or Triple yes (5) Number in order of birth 1 (6) Age of mother 25 (7) DATE OF BIRTH Sept 23 22  
 To be answered only in case of Triple or Quadruplets

FATHER. (8) FULL NAME J. C. Ratliff (9) PRESENT RESIDENCE OF FATHER Mt. Craghead S.C. (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (12) BIRTHPLACE S.C. (13) OCCUPATION Farming  
 MOTHER. (14) NAME BEFORE MARRIAGE Ruth Baker (15) PRESENT RESIDENCE OF MOTHER Mt. Craghead S.C. (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (18) BIRTHPLACE S.C. (19) OCCUPATION House work  
 (20) Number of children born to mother, including present birth 16 (21) Number of children of this mother now living, including present birth 16

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. P. Jackson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mt. Craghead S.C.

Given name added from a supplemental report Janie Lourey (26) Witness P. B. Jackson (Signature of Witness necessary only when question 23 is signed by mother) (27) Filed 12 25 (28) 12 25

\*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 stillborns before the fifth month of pregnancy.