

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

(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

18884

Registration District No. 38^a Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Irene Rayford

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

(3) BOY or GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6.15.23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jul Rayford(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Lul(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Josephine Mathew(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) B. A. Everett(23) State whether Physician or Midwife (24) Address of Physician or Midwife Columbia SC

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed June 19 1923 (27) G. J. Slover 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.