

CERTIFICATE OF BIRTH

5805

County of Mecklenburg
 Township of 4

In Town of 4 Registration District No. 49-A Registering No. 22
 City of 4 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child Nathan Ray If child is not yet named, make supplemental report as directed

(2) Sex of Child Male (3) Date of Birth 7-21-23
 (4) Time of Birth 10:00 AM (5) Place of Birth Home

(6) Full Name Luther Ray (7) Name before marriage Pessie Phillips

(8) Present Postoffice of Father Union SC (9) Present Postoffice of Mother Union SC

(10) Color or Race White (11) Age at Last Birthday 28 (12) Color or Race White (13) Age at Last Birthday 20

(14) Birthplace Sumner SC (15) Birthplace Cockhart SC

(16) Occupation Mill Work (17) Occupation Farmer

(18) Number of children born to mother, including present birth 2 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) A. P. McElroy (22) Address of Physician or Midwife Union SC

Given name added from a supplemental report

(23) Witness (Signature of Witness necessary only when question 20 is signed by mark) D. S. Sarratt
 (24) Filed 3-10-23 (25) 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. 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.

Heck going 15 Cornwell