

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Bradley Creek  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

28745

Registration District No 302Registered No. 86  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Raul Mafford (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH June 21 1922  
 To be answered only in event of Twins or Triplets (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Amos Mafford  
 (9) PRESENT POSTOFFICE OF FATHER Easley SC #3  
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 45  
 (12) BIRTHPLACE Anderson co SC  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 13

## MOTHER.

(14) NAME BEFORE MARRIAGE Irene Blasingame  
 (15) PRESENT POSTOFFICE OF MOTHER Easley SC  
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION House Work  
 (21) Number of children of this mother now living, including present birth 10

## 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. (Hour A. M. or P. M.)

(23) (Signature) John R. Batts  
 (24) State whether Physician or Midwife

Given name added from a supplemental report

\*When there was no attending physician or midwife, the birth should be reported by the mother or father, or by a relative of the mother or father, or by a neighbor, or by a person who was present at the birth.