

(1) PLACE OF BIRTH

County of Marebon
 Township of Bennettville
 or
 Inc. Town of
 or
 City of Bennettville

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

4572

Registration District No. 33ARegistered No. 2516
(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 France Ervin M. Rae

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

(3) BOY OR GIRL Male (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 10, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Ervin M. Rae(9) PRESENT POSTOFFICE OF FATHER Bennettville(10) COLOR OR RACE wh (11) AGE AT LAST BIRTHDAY 33(12) BIRTHPLACE Marebon Co.(13) OCCUPATION Postal Clerk(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Frances Jennings(15) PRESENT POSTOFFICE OF MOTHER Bennettville(16) COLOR OR RACE wh (17) AGE AT LAST BIRTHDAY 31(18) BIRTHPLACE Marebon Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 12:07 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Jones
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife 112 Liberty St.

Given name added from a supplemental report

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

(27) Filed March 3, 1923 (28) Dr. J. H. Jones 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.

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