

(1) PLACE OF BIRTH

County of BarnwellTownship of BarnwellInc. Town of Swallow

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
16774Registration District No. 5A.7 Registered No. 3.6
(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 Walter Ray

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married Yes (6) DATE OF BIRTH June 30 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Ray(9) PRESENT POSTOFFICE OF FATHER Barnwell(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 1

MOTHER.

(14) NAME BEFORE MARRIAGE Livie Queen(15) PRESENT POSTOFFICE OF MOTHER Barnwell(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(Year)(18) BIRTHPLACE S. C.(19) OCCUPATION Farmer(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Carrie Hault
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(25) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed July 6 1923 (28) Mr. Parker 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 stillborns before the fifth month of pregnancy.