

## (1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of.....

City of.....

(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 HealthNo. for State Registrar File  
**29984**Registration District No. 3503Registered No. 864  
(For use of Local Registrar)

## (2) Full Name of Child

James Elbert Raci

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 23  
(Name of Month) (Day) (Year)(8) FULL NAME Racil Raci(9) PRESENT POSTOFFICE OF FATHER Daphkins S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7(14) NAME BEFORE MARRIAGE Annie James(15) PRESENT POSTOFFICE OF MOTHER Daphkins S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION H.W.(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Maucha X. Deane(23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Daphkins S.C.

Given name added from a supplemental report

(25) Witness Mrs. M. J. Gorman (Signature of Witness necessary only when question 23 is signed by mark)(26) Filed 9/26 1928 (27) 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.