

## (1) PLACE OF BIRTH

County of Bonny  
 Township of Buford Bridge  
 or  
 Inc. Town of Olax  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

6521

Registration District No. 4. P. 1. Registered No. 43  
 (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 Miss Bernadette Ray (If child is not yet named, make supplemental report as directed)

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 4 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cecil Browning Ray  
 (9) PRESENT POSTOFFICE OF FATHER Olax  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33  
 (Year)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Physician  
 (20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Isabelle Boyd  
 (15) PRESENT POSTOFFICE OF MOTHER Olax, S. C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34  
 (Year)  
 (18) BIRTHPLACE Cornwall, S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. B. Ray (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Olax, S. C.

Given name added from a supplemental report

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

(27) Filed 4/1/22 (28) J. E. Bernhardt 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.