

16 093407

Standard Certificate of Birth

FILE No.—For State Registrar Only

00206

1. PLACE OF BIRTH

County of Clarendon

Township of _____

or
Inc. Town of Summerton, S. C.

or

City of _____

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1302

Registered No. _____

(For use of Local Registrar)

St.; _____

Ward) _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

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

2. FULL NAME OF CHILD

Helen Ragin

3. Boy or girl

girlIf Plural
births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

Jan. 111916

(Month, day, year)

5. Number, in order of birth.....

Full term.....

Married? Yes8. Full
nameJohn Ragin

FATHER

18. Name before
marriageIda Ragin

MOTHER

10. Residence (mailing address)

(If non-resident, give place and State) Summerton, S. C.

19. Residence (mailing address)

(If non-resident, give place and State) Summerton, S. C.

11. Color or race

Negro12. Age at child's birth 37 (years)

20. Color or race

Negro21. Age at child's birth 29 (years)

13. Birthplace (city or place)

Summerton, S. C.

22. Birthplace (city or place)

Summerton, S. C.

(State or country)

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.carpenter15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

OCCUPATION

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.housewife24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work27. Number of children of this mother
(At time of birth and including this child) 3(a) Born alive and now living 3 (b) Born alive but now dead..... (c) Stillborn.....28. If Stillborn,
period of gestation.....{ months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 7 a M. on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.(Signed) Ida Ragin

Parent

or _____

Guardian

Given name added from

a supplementary report.....

(Date of) _____

Address Summerton, S. C.Filed Feb. 27, 1943 R. E. Wells,C. C. C. Registrar
Martin B. Woodward, M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)