

(1) PLACE OF BIRTH

County of Union
 Township of Baganville
 Inc. Town of
 City of Buffalo

CERTIFICATE OF BIRTH

State of South Carolina
 Bureau of Vital Statistics
 State Board of Health

Registration District No. H.2.B.

Registered No. 18
 (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 Alma Ray

(3) Sex Girl (4) Age 25 (5) Date of Birth Feb 25, 1923

FATHER: (1) Name Willie Ray (2) Residence Buffalo S.C. (3) Color Negro (4) Age at last birthday 38 (5) Birthplace Union S.C. (6) Occupation Farmer

MOTHER: (1) Name Oliza Garner (2) Residence Buffalo S.C. (3) Color Negro (4) Age at last birthday 32 (5) Birthplace Union S.C. (6) Occupation Domestic

(7) Number of children born to mother, including present one Four (8) Number of children of this mother now living, including present one Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was (10) (Birth alive or stillborn) (How A. M. or P. M.)

(11) (Signature) Mary Garner (12) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

(13) Witness (Signature of witness necessary only when question 11 is signed by mark)

(14) Filed Mar 10, 1923 (15) Joe F. Henderson

When filed with the attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is required before the birth month of pregnancy.