

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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 Health

File No.—For State Registrar Only

18883

Registration District No. 38<sup>a</sup> Registered No. 448

(For use of Local Registrar)

(2) Full Name of Child Justine Rayford

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

(3) BOY  
GIRL girl(4) Twin  
or Triplet Twin(5) Number in  
order of birth 1Are  
Parents  
Married yes(7) DATE OF  
BIRTH 6/15/23

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME John Rayford(9) PRESENT  
POSTOFFICE  
OF FATHER Columbia(10) COLOR  
OR  
RACE C(11) AGE AT LAST  
BIRTHDAY 24  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Lab(14) Number of children born to  
mother, including present birth 2

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Josephine Mathews(15) PRESENT  
POSTOFFICE  
OF MOTHER Columbia(16) COLOR  
OR  
RACE C(17) AGE AT LAST  
BIRTHDAY 19  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother  
now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M.  
on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Bl. E. Overstreet(24) State whether Physician or Midwife (25) Address of Physician or Midwife ColumbiaGiven name added from a supplement-  
tal report

(26) Witness

Signature of Witness necessary only  
when question 22 is signed by mark

(27) File

June 19 1923

(28)

W. D. Sloan

State 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.

DO NOT SIGN BEFORE THE CHILD IS BORN.