

(1) PLACE OF BIRTH

County of DillonTownship of Cornudas

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 Health

File No. For State Registration
59690Registration District No. 1401 Registered No. 746

(For use of Local Registrar)

(2) Full Name of Child Willie Foster Ralston

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 23, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William Ralston(9) PRESENT POSTOFFICE OF FATHER Homer S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Homer S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Marionne Chavis(15) PRESENT POSTOFFICE OF MOTHER Homer S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(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 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marionne Chavis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Homer S.C.

Given name added below a supplemental report

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

(27) Date May 1, 1914 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return of a child, and the report should be accepted as stillborn. No report is desired on stillbirth before the sixth month of pregnancy.

MARGIN REMOVED FOR INDEXING. OTHER PLACES, WITH UNFOLDING TABS, THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

City of Columbia