

(1) PLACE OF BIRTH Richfield  
County of Richmond  
Township of .....  
or  
Inc. Town of Ridgeway Ss  
or  
City of .....

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

No. for State Registrar's Use  
**24327**

Registration District No. 6 Registered No. 50  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(No. .... St. .... Ward)

(2) Full Name of Child Cary Mafure If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Age of Child at Birth yes (6) DATE OF BIRTH August 4, 1923  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Robert Mafure  
(9) PRESENT POSTOFFICE OF FATHER Blaney Ss  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27  
(12) BIRTHPLACE Garfield Co  
(13) OCCUPATION farming  
(14) Number of children born to mother, including present birth 2

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Antia Jones  
(15) PRESENT POSTOFFICE OF MOTHER Blaney Ss  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18  
(18) BIRTHPLACE Garfield Co  
(19) OCCUPATION house maker  
(20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(22) (Signature) Annie Porter Ridgeway  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

Annie Porter

(25) Witness Mary Mafure  
(Signature of Witness necessary only when question 23 is signed by mark)

(26) Date Aug 23 (27) 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.

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