

(1) PLACE OF BIRTH

County of NewberryTownship of St. Jamesor
Inc. TOWN of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3409File No. - For State Registrar Only
35755Registered No. 37
(For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child Beep. Ralaford If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 10 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R J Filoy Jr (14) NAME BEFORE MARRIAGE Della Ralaford(9) PRESENT POSTOFFICE OF FATHER Winnsboro SC (15) PRESENT POSTOFFICE OF MOTHER Winnsboro SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 19 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Years) (Years)(12) BIRTHPLACE Newberry Co (18) BIRTHPLACE Newberry Co(13) OCCUPATION Farming (19) OCCUPATION Farming(20) Number of children born to father, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at St. James M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lura Ralaford (24) Address of Physician or Midwife Newberry(25) State whether Physician or Midwife(26) Witness ✓ (Signature of Witness necessary only when question 23 is signed by mark)(27) Date Oct 10 1922 (28) J. P. Miller 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.