

(1) PLACE OF BIRTH

County of ShawTownship of Shaw

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

Registration District No. 131No. 770Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child Piney Ragan (If child is not yet named, make appropriate report as directed)(3) SEX OF CHILD Male (4) TIME OF BIRTH 10:30 (5) DATE OF BIRTH Jan 30 23

FATHER.

MOTHER.

(6) FULL NAME OF FATHER Piney Ragan(14) FULL NAME OF MOTHER Susan Lawton(7) PRESENT POSTOFFICE OF FATHER Paul H.(15) PRESENT POSTOFFICE OF MOTHER Paul H.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 48(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 35(12) BIRTHDAY Jan 30 23(18) BIRTHDAY Jan 30 23(13) OCCUPATION Laborer(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 7(21) Number of children with mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Paul H. on the date above stated.(23) (Signature) Dolly H. Brown

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

Given name added from a supplemental report

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

(27) Filed Feb 5 23 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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