

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

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

(2) Full Name of Child Oscar Henry Ray

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 15 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Oscar H. Ray(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)(12) BIRTHPLACE Columbia S.C.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth: 1

MOTHER.

(14) NAME BEFORE MARRIAGE Gustave E. Parker(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 45 (Years)(18) BIRTHPLACE Columbia S.C.(19) OCCUPATION Housewife(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 1:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. S. Pope M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from supplemental report:

(26) Witness (Signature of Witness necessary only when question 23 is answered "yes")

(27) Filed Jan 15 1922 (28) 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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