

Form No. 3

## (1) PLACE OF BIRTH

County of CherokeeTownship of Rosky Cross

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 Registrar Only

40610

Registration District No. 209 Registered No. 61

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Marion E. Rayleston If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 9</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Willie H. Rayleston(9) PRESENT POSTOFFICE OF FATHER Springfield, S.C. R7D #2(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Emma Porter(15) PRESENT POSTOFFICE OF MOTHER Springfield, S.C. R7D #2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 15

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at S.P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Phillips(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Springfield, S.C.

Given name added from a supplemental report

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

(27) Filed 12/15 1922 (28) Chas. H. Sallee 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—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.