

(1) PLACE OF BIRTH

County of Saluda

Township of

or

Inc. Town of Marble

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2-20-20 2009-2Registration District No. 7811Registered No.
(For use of Local Registrar)(No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Raymond Phylby Joyner

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

3) BOY OR GIRL Boy

4) Twin or Triplet?

5) Number in order of birth 5th6) Are Parents Married? ye

7) DATE OF BIRTH

June 27, 20
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis Harley Joyner(9) PRESENT POSTOFFICE* OF FATHER ward se(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Myrtle Se(13) OCCUPATION Station Clerk(20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Eminee a Black(15) PRESENT POSTOFFICE OF MOTHER ward se(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE ward se(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at h on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. S. Reider

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Phys. Se

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 19 (28) Joe. H. Gray 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.