

(1) PLACE OF BIRTH

County of *Greenwood*Township of *Phoenix*

or

Inc. Town of

or

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

68819

Registration District No. *2311*Registered No. *87*

(For use of Local Registrar)

(2) Full Name of Child *Lavinia Rayford*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

Is to be printed only in event of Twins or Triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Month of Birth) (Day) (Year) *July 4 1916*

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years) *30*

(12) BIRTHPLACE

(13) OCCUPATION

(14) Number of children born to mother, including present birth

Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years) *20*

(18) BIRTHPLACE

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at *9 a. m.* (Hour A. M. or P. M.) on the date above stated.(22) (Signature) *Lula J. Childs, Midwife*

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

Given name added from a supplemental report

(25) Witness

(Signature of witness necessary only when question 23 is signed by mark)

(26) Filed

July 10 1916

(27)

Joseph Lake Local Registrar

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.