

(1) PLACE OF BIRTH

County of

Township of

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

50425

Registration District No. 9 Registered No. 20

(For use of Local Registrar)

(2) Full Name of Child Augustus Roland Ray

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 3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 4, 1916

To be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

B. F. Ray.

(9) PRESENT POSTOFFICE OF FATHER

Campobello SC

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE

NC

(13) OCCUPATION

Farmer

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

3rd

MOTHER.

(14) NAME BEFORE MARRIAGE

L. E. Flou

(15) PRESENT POSTOFFICE OF MOTHER

Campobello

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE

NC

(19) OCCUPATION

Housework

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) R. D. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

physician

Inman SC

Given name added from a supplemental report

J. W. 9, 1916

C. W. 1916

Registar

(26) Witness

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

(27) Filed Feb. 6, 1916

(28) E. A. Capers

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.

Registrar I

Local Registrar

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