

## (1) PLACE OF BIRTH

County of PickensTownship of Centralor  
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

Registration District No. 3200 Registered No. 161.....  
(For use of Local Registrar)(2) Full Name of Child Emily R. Annelle Ralime child is not yet named, make  
supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 15, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Edwards Ralime(9) PRESENT POSTOFFICE OF FATHER Central S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Textile(20) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Liza Smith(15) PRESENT POSTOFFICE OF MOTHER Central S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alone.....  
on the date above stated. (Born alive or stillborn) (M. or F. M.)(23) (Signature) J. H. Bearden(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Central S.C.Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Sept. 19, 1923 (28) J. H. Bearden  
Local RegistrarWhen there was no attending physician or midwife, then the father, household, etc., should make this report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns  
before the fifth month of pregnancy.