

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor
Inc. Town of Laurensor
City of Laurens

(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

52888

Registration District No. 2908 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child Ray Payfott's Richard

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

(3) SEX OR <u>Male</u>	(4) Twin or Triplet? <u>Yes</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 24</u> <u>1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Daniel Hart Sampson Richards(9) PRESENT POSTOFFICE OF FATHER Laurens, SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Laurens Co., SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Osborne(15) PRESENT POSTOFFICE OF MOTHER Laurens SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Laurens Co., SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1 29 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. H. Harris(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens, SC

Given name added from a supplemental report

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

(27) Filed April 6 1916 (28) W. H. Harris 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.

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FORM NO. 1
M. H.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK for each child, and make the
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 8.

McCaw of Columbia