

## (1) PLACE OF BIRTH

County of Horryburg  
 Township of Lane  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registrar Only  
**30506**

Registration District No. 4305 Registered No. 65  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Ann Ragins If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Age of Person Married 26 (7) DATE OF BIRTH Sept 2nd (Name of Month) (Day) (Year) 1923

FATHER.  
 (8) FULL NAME Mack Ragins

(9) PRESENT POSTOFFICE OF FATHER Lanes, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE Larendon co. S.C.

(13) OCCUPATION Farm Laborer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sarah Matthews

(15) PRESENT POSTOFFICE OF MOTHER Lanes, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Year)

(18) BIRTHPLACE Horryburg co. S.C.

(19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline June

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Lanes, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 3rd 1923. (28) A. W. Mosley Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.