

12/15/22

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

3369995

Registration District No. 2704. Registered No.
(For use of Local Registrar)

(No.St.;Ward)
(If institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Ray ----- { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>No</i>	7) DATE OF BIRTH....., 19.... (Name of Month) (Day) (Year)
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FATHER.	MOTHER.

(8) FULL NAME John Ray (14) NAME BEFORE MARRIAGE Miss Williams

14) PRESENT POSTOFFICE OF FATHER Leung, J. C.

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *40*
(Years)

(15) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *30*
(Years)

(12) BIRTHPLACE	IL
(18) BIRTHPLACE	IL

(13) OCCUPATION	(19) OCCUPATION
<i>Lawyer</i>	<i>Lawyer #2nd</i>

(20) Number of children born to mother, including present birth	7
(21) Number of children of this mother now living, including present birth	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Laura Harrison

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-
tal report

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

(27) Filed *Jan 30* 192*6* (28) *Thos. J. L. Murphy*
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.