

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark No. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA.		79564	
Township of <u>Bogsville</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of <u>Buffalo</u>		Registration District No. <u>H2B</u>		Registered No. <u>62</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>328</u> <u>Church</u>)		(For use of Local Registrar)	
(2) Full Name of Child <u>Earnest Ragan</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 20</u> 191 <u>6</u>	
				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>William Ragan</u>			(14) NAME BEFORE MARRIAGE <u>Emily Rogers</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)		
(12) BIRTHPLACE <u>Shartanburg County, A.C.</u>			(18) BIRTHPLACE <u>Shartanburg County, A.C.</u>		
(13) OCCUPATION <u>Weaving</u>			(19) OCCUPATION <u>Housekeeping</u>		
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Four</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>9:30</u> P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. J. B. Morgan</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Buffalo, A.C.</u>					
Given name added from a supplemental report			(26) Witness		
..... 191....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Sept 21 1916</u> (28) <u>Jos. L. Woodward</u> 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.