

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

File No.—For State Registrar Only

16754

(1) PLACE OF BIRTH

County of

Spartanburg
Paelet

Township of

or

Inc. Town of

or

City of

Registration District No. *4006*

Registered No. *57*
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ed. Carl Ray

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

5 20 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

S.S. Ray

(14) NAME BEFORE MARRIAGE

Lillie J. Pickett

(9) PRESENT POSTOFFICE OF FATHER

Trough S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Trough S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45
(Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

43
(Years)

(12) BIRTHPLACE

N.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

millwork

(19) OCCUPATION

housewife

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was

alive at *12:00 P.M.*

on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. L. Kirkpatrick

(24) State whether Physician or Midwife

M.D. Paelet S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

6-1 1922

(27)

M. W. Brown
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.