

Form No. 1.

(1) PLACE OF BIRTH  
County of Berkeley STATE OF SOUTH CAROLINA.  
Township of St James Co Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**63234**

Inc. Town of ..... Registration District No. # 700 Registered No. 14  
City of ..... (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 Mattie Ray Jr } 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 June 20, 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mattie Ray  
(9) PRESENT POSTOFFICE OF FATHER Ridgewell Co  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Berkeley Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Leitha Whaley  
(15) PRESENT POSTOFFICE OF MOTHER Ridgewell Co  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Berkeley Co  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Corner Street  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Ridgewell Co

Given name added from a supplemental report  
June 26, 1916  
Harry Singletary  
Registrar

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

(27) Filled June 26, 1916 (28) Harry Singletary 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.

MARGIN RESERVED FOR INDEXING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCraw, Columbia