

(1) PLACE OF BIRTH

County of AndersonTownship of Harlem

Inc. Town of

City of

(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 Raymond Paul

(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

Jan 29 1932
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Earl Parny(9) PRESENT POSTOFFICE OF FATHER Liberty SCA#2(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Smith(15) PRESENT POSTOFFICE OF MOTHER Liberty SCA#2(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife

(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 P. M. Allen at S. D. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Casey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/101932(28) W. L. Casey

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.

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NATION REGISTERED FOR BINDING.

MADE IN U.S.A. - Columbia S. C.

N. B. - In case of FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

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