

PRINTED PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.  
 H. B.—In case of twins on TRIPLETTS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Hampton  
 Township of Kepler  
 Inc. Town of.....  
 City of.....  
 (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

FILE—FOR USE BY REGISTRAR  
 4179

Registration District No. 74A Registrar No. 22  
 (For use of Local Registrar)

(2) Full Name of Child Ray Bernard Freeman (if child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet <u>1</u> To be entered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age in years <u>1 yr</u>	(7) DATE OF BIRTH <u>Feb 16 22</u> (Month of Year Day Year)
FATHER.			MOTHER.	
(8) NAME <u>Harold Freeman</u>			(14) NAME BEFORE MARRIAGE <u>Vila Simmons</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Crocketville</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Crocketville Sp</u>	
(16) COLOR <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>29</u>	(12) COLOR <u>white</u>
(13) RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>19</u>	(18) RACE <u>white</u>
(19) BIRTHPLACE <u>H. Co Sp</u>			(20) BIRTHPLACE <u>H. Co Sp</u>	
(21) OCCUPATION <u>Farming</u>			(22) OCCUPATION <u>House work</u>	
(23) Number of children born to mother, including present birth <u>1</u>			(24) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(25) I hereby certify that I attended the birth of this child who was alive at 1 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(26) Signature of Physician or Midwife Barre McNeely  
 (27) Address of Physician or Midwife Hampton, S.C.

Given name of child from a statement of the mother or other reliable person  
 (If necessary, state name of child as given by mother)  
 (If necessary, state name of child as given by mother)  
 (If necessary, state name of child as given by mother)