

## (1) PLACE OF BIRTH

County of Myrtle

Township of .....

OR

Inc. Town of .....

OR

City of Charleston

(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

No. 10.—For State Registrar Only

29299

Registration District No. 9 ARegistered No. 1439  
(For use of Local Registrar)(2) Full Name of Child Johna Irene Rose Raymond (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number of Births

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 27 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John C. Raymond(9) PRESENT POSTOFFICE OF FATHER 181 1/2 Hammond St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Andover, N.Y.(13) OCCUPATION Painter(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Crosby(15) PRESENT POSTOFFICE OF MOTHER 181 1/2 Hammond St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Walterboro, S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Johna at 7:40 A. M.,  
on the date above stated. (Born alive or born) (Hour A. M. or P. M.)(23) (Signature) W. T. W. W. W. W. W.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report