

MARCH 1912 TO 1913. THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH County of <u>Crumson</u> Township of <u>Paul</u> or Inc. Town of..... or City of..... (No. St.; Ward)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">870</div>	
		Registration District No. <u>1311</u>		Registered No. <u>1</u> (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 <u>Sarah Ellen</u>					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet?		(5) Number in order of birth	
		To be answered only in event of Twins or Triplets		(6) Any Physical Mark?	
				(7) DATE OF BIRTH <u>July 18, 1912</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Hardy Green</u>			(14) NAME BEFORE MARRIAGE <u>Siber Ragin</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Paul</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Paul</u>		
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)		
(12) BIRTHPLACE <u>Crumson Co. S.C.</u>			(18) BIRTHPLACE <u>Crumson Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>A</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Susan Ragin</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>184 1/2 Lotter</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>July 18, 1912</u> by <u>John H. King</u> 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.					

RECEIVED AT COLUMBIA, COLUMBIA, S. C.