

## (1) PLACE OF BIRTH

County of MecklenburgTownship of 5thor  
Inc. Town of .....or  
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 No.—For State Registrar Only

32617

Registration District No. 4304 Registered No. 32

(For use of Local Registrar)

(2) Full Name of Child .....

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1, 1921</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME L. C. Ray

(9) PRESENT POSTOFFICE OF FATHER Fleming

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 47  
(Year)

(12) BIRTHPLACE Mecklenburg, SC

(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Joris Naselander

(15) PRESENT POSTOFFICE OF MOTHER .....

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 38  
(Year)

(18) BIRTHPLACE Mecklenburg, SC

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 19

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. Naselander

(24) State whether Physician or Midwife

(25) Address of Phys. ..... 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 7/15 1921 (28) L. C. Ray 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.