

Form No. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Shaw
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (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

29716

Registration District No. 1311Registered No. 46
(For use of Local Registrar)

(2) Full Name of Child

Mose Ragin (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are yes no (7) DATE Sept 12 22
 BIRTH (Name of Month) (Day) (Year)

FATHER

8. FULL NAME James Ragin
 9. PRESENT POSTOFFICE OF FATHER Paul H.
 10. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26
 (Year) 12. BIRTHPLACE Charleston Co. S.C.
 13. OCCUPATION Farm Hand

MOTHER

14. NAME BEFORE MARRIAGE Hettie Jones
 15. PRESENT POSTOFFICE OF MOTHER Paul H.
 16. COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (Year) 18. BIRTHPLACE Charleston Co. S.C.
 19. OCCUPATION House wife
 20. Number of children born to mother, including present birth 3
 21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Phoebe Bennett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife By M. H. Bennett

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 18 22

(28)

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.