

(1) PLACE OF BIRTH

County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
8467

Registration District No. 40-2 Registered No. 91
 (For use of Local Registrar)

(No. 114 St. 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) SEX MALE (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Age 14 (7) DATE OF BIRTH July 14, 1923
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Samuel E. Gray (14) NAME BEFORE MARRIAGE John Gray
 (9) PRESENT POSTOFFICE OF FATHER Sp. 1, 2, 3 (15) PRESENT POSTOFFICE OF MOTHER Sp. 1, 2, 3
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Madison, Mo. (18) BIRTHPLACE Madison, Mo.
 (13) OCCUPATION Teacher (19) OCCUPATION Teacher
 (20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John Gray (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sp. 1, 2, 3

Given name added from a supplemental report

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

(27) Filed 4 19 23 at Sp. 1, 2, 3 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.

State of South Carolina, Columbia, S. C.
 (28) (Signature) John Gray
 (29) Address of Physician or Midwife Sp. 1, 2, 3
 (30) (Signature) John Gray
 (31) Address of Physician or Midwife Sp. 1, 2, 3
 (32) (Signature) John Gray
 (33) Address of Physician or Midwife Sp. 1, 2, 3

AFFIDAVIT

STATE OF South Carolina
COUNTY OF Spartanburg

Name of child: Virginia Elizabeth Guy
Place of birth: Spartanburg, S. C.
Date of Birth, Feb 14, 1923
Name of father: Sam Guy
Maiden name of mother: Sallie Gray
Race;---- White.

Personally appeared before me Mrs. Sam Guy

who first being duly sworn says that she is the mother

of Virginia Elizabeth Guy, who was born at Spartanburg, S. C.

on February 14th, 1923; that the birth records in the office of the Clerk of

Court for Spartanburg County, South Carolina, are deficient in the following manner, to-wit:

That her given name Virginia Elizabeth, does not appear in the record
of her birth.

that this affidavit is made for the purpose of correcting the errors as herein stated.

Sworn to before me this 2nd
day of June, 1941

Walter B. Aiken

Notary Public for S. C.

Mrs Sam Guy