

## (1) PLACE OF BIRTH

County of AndersonTownship of Orange

or

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

48051

Registration District No. B13 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child Dallis Eugenia Gray

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

(3) BOY OR GIRL? <u>Girl</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>July 3rd 1916</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jon Gray(9) PRESENT POSTOFFICE OF FATHER Star R. Rd(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE Anderson Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ma Brainer(15) PRESENT POSTOFFICE OF MOTHER Star R. Rd(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Anderson Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. H. ...(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson Co

Given name added from a supplemental report

June 29, 1916.Sup. St. Registrar

(26) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed July 9, 1916 (28) E. H. Elrod 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.

MAJORLY RECOVERED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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 2.

McCaw of Columbia