

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

8985

County of Georgetown

Township of .....

Inc. Town of .....

City of #3Registration District No. 2102 Registered No. 14  
(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 Josephine Mary

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>?</u>	(7) DATE OF BIRTH <u>Jan 20 1923</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank H. Gray</u>			(14) NAME BEFORE MARRIAGE <u>May J. Gray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>?</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)	
(12) BIRTHPLACE <u>L.C.</u>			(18) BIRTHPLACE <u>W.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William Brown

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1923

(28)

W. J. King  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.