CERTIFICATE OF BIRTH

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

File No.—To be filled in by Registrar
36995 X

(1) PLACE OF BIRTH

County of Darlington

Township of .....
or
Inc. Town of .....
or
City of .....

Registration District No. 3100 ..... Registered No. 145 ....
(For use of Local Registrar)

(No. ..... St.) ..... 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 OF CHILD: boy
(4) Twin or Triplet
(5) Number in order of birth
(6) Legitimate: yes
(7) DATE OF BIRTH: Jan. 2, 1918

FATHER.	MOTHER.
(8) FULL NAME: B. F. Gray	(14) MAIDEN NAME: Annie Marshel
(9) COUNTY AND STATE OF BIRTH: Fair Play	(15) COUNTY AND STATE OF BIRTH: Fair Play
(10) COLOR OR RACE: White — (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR OR RACE: White — (17) AGE AT LAST BIRTHDAY: 17 (Years)
(12) BIRTHPLACE: S. C.	(18) BIRTHPLACE: S. C.
(13) OCCUPATION: Farming	(19) OCCUPATION: Housekeeper
(20) Number of children born to mother, including present child: 1	(21) Number of children of the mother now living, including present child: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. W. Mauldin
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife: Fair Play

Given name added from a supplemental report
.....
..... 19 ....
Registrar

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

(27) Filed Nov. 2, 1918 .... (28) G. D. Martin
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 6th month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK—FILL IN AS A PERMANENT RECORD.
N. B.—In case of twins or triplets use a separate blank for each child, and number in order of birth.
PRINTING, No. 1. THE STATE, No. 2, etc., in question 6.