

(1) PLACE OF BIRTH

County of AlcedonTownship of 11or Inc. Town of 11or City of Alcedon

(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

71187

Registration District No. 3A Registered No. 286

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Margaret Grayson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 8</u> , 19 <u>16</u> (Name of Month) (Day) (Year)
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To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME William Fredrick Tolly(9) PRESENT POSTOFFICE OF FATHER Alcedon S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Alcedon(13) OCCUPATION Furniture Businessman(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Allice Harper(15) PRESENT POSTOFFICE OF MOTHER Alcedon(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3A (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(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 born at Alcedon (Hour A. M. or P. M.)(23) (Signature) James Grayson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Alcedon S.C.

Given name added from a supplemental report

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

(27) Filled 1916 (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.

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MARGIN RESERVED FOR BINDING.

PLAINLY, WITH UNFOLDING INSIDE THIS IS A PERMANENT RECORD. 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 5.

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