

(1) PLACE OF BIRTH

County of FairfieldTownship of H. L.

Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42734

Registration District No. 9.05 Registered No. 2

City of (No. (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 Bessie M. Gray If child is not yet named, make supplemental report as directed

3) SEX OR

CHILD girl

(4) Twin

or triplet?

(5) Number in

order of birth

To be answered only in event of twins or triplets

(6) Are

Parents

Married?

yes

(7) DATE OF

BIRTH

Dec. 18, 1912

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

4) FULL

NAME

Daniel M. Gray

(14) NAME BEFORE

MARRIAGE

Ana Meldon

5) PRESENT

POSTOFFICE

OF FATHER

Ridgeway S. C.

(15) PRESENT

POSTOFFICE

OF MOTHER

Ridgeway S. C.

(16) COLOR

OR

RACE

negro

(17) AGE AT LAST

BIRTHDAY

37

(18) COLOR

OR

RACE

negro

(19) AGE AT LAST

BIRTHDAY

34

(20) BIRTHPLACE

Fairfield Co.

(21) BIRTHPLACE

Fairfield Co.

(22) OCCUPATION

Farmer's wife

(23) OCCUPATION

Farmer's wife

(24) Number of children born to mother, including present birth

4

(25) Number of children of this mother now living, including present birth

17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Normal alive 3 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Butler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Ridgeway S. C.

Given name added from a supplemental report

(26) Witness A. G. Mathers

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

(27) Filed Dec 18 1912 (28) J. J. Smith 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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