

(1) PLACE OF BIRTH

County of Anderson
Township of Union
or
Inc. Town of
or
City of

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

No. for State Registrar Only
235

Registration District No. 3.2.4 Registered No. 7
(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

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

(3) SEX OR GENDER	(4) Twin or Triplet <input checked="" type="checkbox"/> To be answered only in event of Twin or Triplet	(5) Number in order of birth <input checked="" type="checkbox"/>	(6) Are Parents Married <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Jan 24 23</u> (Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME <u>William Carl Gray</u>				(14) NAME BEFORE MARRIAGE <u>Rosa Latham</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Irva D.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Irva D.C.</u>
(10) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Anderson Co. S.C.</u>				(18) BIRTHPLACE <u>Hartley Ga.</u>
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>House wife</u>
(20) Number of children born to mother, including present birth <u>5</u>				(21) Number of children of this mother now living, including present birth <u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. B. B. B.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Irva D.C.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed Jan 24 23

(28) S. M. M. Adams
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.