

FORM NO. 8
WHILE PLAIN. WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 3.

(1) PLACE OF BIRTH

County of Ockee

Township of

OR
Inc. Town of

City of Early

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Gray Nell Rankin

File No.—For State Registrar Only

50193

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 37-A Registered No. 18

(For use of Local Registrar)

(3) BOY OR
GIRL?

(4) Twin
or Triplet

(5) Number in
order of birth 10

(6) Are
Parents
Married? yes

(7) DATE OF
BIRTH Feb. 12 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Elam Rankin

(9) PRESENT
POSTOFFICE
OF FATHER

Early S.C.

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY 41
(Years)

(12) BIRTHPLACE

Accomac Co

(13) OCCUPATION

Merchant

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

10

MOTHER.

(14) NAME BEFORE
MARRIAGE

Sadie Smith

(15) PRESENT
POSTOFFICE
OF MOTHER

Early S.C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY 36
(Years)

(18) BIRTHPLACE

Accomac Co

(19) OCCUPATION

House wife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Jamison MD

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

Hyman

Early S.C.

Given name added from a supplement
report

191...

Registrar

(26) Witness

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

(27) Filed

Mar. 6 1916

(28)

E. J. Wyatt

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.

Registrar

LOCAL REGISTRAR

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