

(1) PLACE OF BIRTH

County of Barnwell
 Township of R. S. Wat.
 or
 Inc. Town of Swainsboro
 or
 City of Swainsboro

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13752

Registration District No. 5-09Registered No. 26
(For use of Local Registrar)

(2) Full Name of Child Lamney Gray (No. St. Ward) 26
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH May 21, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Myrtle Gray
 (9) PRESENT POSTOFFICE OF FATHER Barnwell
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 64 (Years)
 (12) BIRTHPLACE Barnwell Co.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth: 15

MOTHER

(14) NAME BEFORE MARRIAGE Sarah Hester
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Barnwell Co.
 (19) OCCUPATION farmer
 (21) Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lamney Gray at Swainsboro on the date above stated. (Born alive or stillborn) (How A. M. or P.M.)
 (23) (Signature) Rebecca Carter
 (24) Name of Physician or Midwife (25) Address of Physician or Midwife Swainsboro

Given name added from a supplemental report

Name of Witness

Signature of Witness necessary only when question 22 is signed by mark

Name of Registrar

Signature of Registrar

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 occurring both months of pregnancy.