

(1) PLACE OF BIRTH

County of LawrenceTownship of SumterInc. Town of H.B.City of (No.)

(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

3899

Registration District No. 2017 Registered No. 1

(For use of Local Registrar)

2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(2) Type of Birth <u>Normal</u>	(3) Number in order of birth <u>12</u>	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Feb 9, 23</u> (Name of Month) (Day) (Year)
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FATHER.

(6) NAME BEFORE MARRIAGE Martha Anna Gray

(7) PRESENT POSTOFFICE OF FATHER Lake City

(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 41 (Years)

(10) BIRTHPLACE W. J. Hollins Co

(11) OCCUPATION Farmer

(12) Number of children born to mother including present birth 4

MOTHER.

(13) NAME BEFORE MARRIAGE Harold L. Gray

(14) PRESENT POSTOFFICE OF MOTHER Lake City

(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 40 (Years)

(17) BIRTHPLACE Lawrence Co

(18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was born as 1:15 A M. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) C. Foster(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City S.C.

When name added from a supplemental report

(26) Witness

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

(27) Filed Feb 23, 1923

(28)

C. Foster Local Registrar

When attending physician or midwife, then the father, householder, etc., should make this return. If given once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.