

1. PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of Greenville

or

City of Greenville

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 28

FILE No.—For State Registrar Only

18671-aRegistered No. _____
(For use of Local Registrar)

Ward _____

(No. John)

St. _____

(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.)2. FULL NAME OF CHILD James H. Gray1. Boy or Girl BoyIf Plural
births _____

4. Twin, triplet, or other _____

5. Premature _____

7. Legiti-
mate? yes8. Date of birth June 13, 1922
(Month, day, year)

Full term _____

FATHER

9. Full
name John H. Gray10. Residence (usual place of abode)
(If nonresident, give place and State) _____11. Color or race White12. Age at last birthday 38 (Years)13. Birthplace (city or place)
(State or country) North Carolina14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____16. Date (month and year) last
engaged in this work _____17. Total time (years)
spent in this work alive18. Full
maiden
name Hester Miller19. Residence (usual place of abode)
(If nonresident, give place and State) _____20. Color or race White21. Age at last birthday 31 (Years)22. Birthplace (city or place)
(State or country) North Carolina23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. _____24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. General Contractor25. Date (month and year) last
engaged in this work _____26. Total time (years)
spent in this work _____27. Number of children of this mother
(At time of this birth and including this child) _____

(a) Born alive and now living _____

(b) Born alive but now dead _____

(c) Stillborn _____

28. If stillborn,
period of gestation _____{ months
weeks _____

29. Cause of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at _____ m. on the date above stated
(Born alive or stillborn)

(Signed) _____

or Dr. J. H. Miller, M. D.Address 234 E. MainFiled June 13, 1922

Registrar _____

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplemental report _____

(Date of) _____

Registrar _____