

## (1) PLACE OF BIRTH

County of **Abbeville**

Township of .....

Inc. <sup>or</sup> Town of .....  
<sup>or</sup>City of **Abbeville**

(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

**20613**Registration District No. **1A** Registered No. **74**

(For use of Local Registrar)

City of **Abbeville** (No. **116** S. Main St. **3rd** Ward)2) Full Name of Child **James Wallace Gray** { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <b>Boy</b>	4) Twin or Triplet? <b>/</b>	5) Number in order of birth	6) Are Parents Married? <b>Yes</b>	7) DATE <b>July</b> <b>4</b> <b>22</b>
To be answered only in event of Twins or Triplets			BIRTH	(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME **Ross William Gray**9) PRESENT POSTOFFICE OF FATHER **Abbeville S.C.**10) COLOR OR RACE **White** (11) AGE AT LAST BIRTHDAY **20** (Year)12) BIRTHPLACE **Abbeville Co. S.C.**13) OCCUPATION **Mill work**20) Number of children born to mother, including present birth { **I** }

## MOTHER.

14) NAME BEFORE MARRIAGE **Pearl Estell Campbell**15) PRESENT POSTOFFICE OF MOTHER **Abbeville, S.C.**16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **18** (Year)18) BIRTHPLACE **Abbeville Co. S.C.**19) OCCUPATION **Housewife**21) Number of children of this mother now living, including present birth { **I** }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was **alive** at **I** **A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **C. C. Gambrell, M. D.**(24) State whether Physician or Midwife (25) Address of Physician or Midwife **Abbeville S.C.**

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed **July 8, 1922** (28) **Miss Julia M. Wallister** 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.

If a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.