

(1) PLACE OF BIRTH

County of Laurie
 Township of Young
 or
 Inc. Town of
 or
 City of

(No. St. Ward)
 (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

442

Registration District No. 2908 Registered No. 12
 (For use of Local Registrar)

(2) Full Name of Child Joy Gray

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No
 To be answered only in event of Twins or Triplets

(5) Are Parent Married? Yes

(7) DATE OF BIRTH Feb 26 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Gray

(9) PRESENT POSTOFFICE OF FATHER H. V. R.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE SC.

(13) OCCUPATION Farm

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Wright

(15) PRESENT POSTOFFICE OF MOTHER H. V. R.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)

(18) BIRTHPLACE SC.

(19) OCCUPATION Farm

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) Becker Brown

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

Given name added from a supplemental report

(26) Witness Lillian Wright
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 3/10 1923 (28) R. E. Harris 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 5