

MARGIN RESERVED FOR INDEXING.
 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 1.

(1) PLACE OF BIRTH

County of Aiken
 Township of Long
 or
 City of

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

Registration District No. 204

FILE—IN THE BUREAU
20748

Registered No. 91
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Turnbull Gray If child is not yet named, make supplemental report as directed

(a) SEX boy (b) Type or (c) Number in order of birth 1 (d) Age Yes (e) DATE OF BIRTH Oct 2 1923
 Is in parentheses in case of Type or Type

FATHER
 (a) NAME Joseph Henry Gray
 (b) RESIDENT ADDRESS OF FATHER Marrenville, S.C.
 (c) COLOR white (d) AGE AT LAST BIRTHDAY 48
 (e) BIRTHPLACE Aiken Co.
 (f) OCCUPATION Farmer & Textile
 (g) Number of children born to mother, including present birth 10

MOTHER
 (a) NAME BEFORE MARRIAGE Lotie Salina Adom
 (b) RESIDENT ADDRESS OF MOTHER Marrenville, S.C.
 (c) COLOR white (d) AGE AT LAST BIRTHDAY 38
 (e) BIRTHPLACE Barnwell Co.
 (f) OCCUPATION Domestic
 (g) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Turnbull, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 8 1923 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.

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