

## (1) PLACE OF BIRTH

County of AdamsTownship of Walton

or

Inc. Town of .....

or

City of .....

(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

37043

Registration District No. 4405Registered No. 5-3

(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Parker Gray(9) PRESENT POSTOFFICE OF FATHER Barton SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Molnar(15) PRESENT POSTOFFICE OF MOTHER Barton SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born at 7:30 P. M., on the date above stated. (born alive or stillborn) (Hour, A. M. or P. M.)(22) (Signature) F. Mc Boyd M.D.(23) State whether Physician or Midwife (24) Address of Physician or Midwife Physician (Adams Co SC)

Given name added from supplemental report

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

(26) Filed Dec 10 1922 (27) Local Registrar J. L. Rouse

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.

Registrar

LOCAL REGISTRAR

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