

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the  
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(1) PLACE OF BIRTH

County of Clarendon  
 or  
 Township of Savannah  
 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  
886

Registration District No. 13.15 Registered No. 6  
 (For use of Local Registrar)

(2) Full Name of Child Lucy Agnes Grey

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Any Parents Married? yes (7) DATE OF BIRTH Jan 21 1922  
 (To be answered only in event of Twin or Triplets) (No. of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur F. Grey  
 (9) PRESENT POSTOFFICE OF FATHER Manning S.C. R.F.D.  
 (10) COLOR OR RACE negro (11) AGE LAST BIRTHDAY 76  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mittie Sanders  
 (15) PRESENT POSTOFFICE OF MOTHER Manning S.C. R.F.D.  
 (16) COLOR OR RACE negro (17) AGE LAST BIRTHDAY 38  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Arthur F. Grey  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Home 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 Feb 10 1922 C. S. Green 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.