

FORM NO. 7 MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. H.—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.

McGraw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Newberry</u>		STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health		43797	
Township of		Registration District No. <u>34</u>		Registered No. <u>188</u>	
Inc. Town of		(For use of Local Registrar)			
City of <u>Newberry</u> (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 <u>Raymon Gray</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10 1924</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Joseph Gray</u>			(14) NAME BEFORE MARRIAGE <u>Mary Burton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(16) COLOR OR RACE <u>Black</u>		
(12) BIRTHPLACE <u>Newberry W. S. C.</u>			(18) BIRTHPLACE <u>Newberry S. C.</u>		
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Housework</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>10</u> P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Caroline J. Harrow</u>					
(24) State where Physician or Midwife <u>South Carolina</u> (25) Address of Physician or Midwife <u>Newberry S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>S. S. Cunningham</u> (Signature of Witness necessary only when question 23 is signed by mark)		
..... 181.....			(27) Filed <u>Dec 18 1924</u> (28) <u>S. S. Cunningham</u> Local Registrar		
..... 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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