

(1) PLACE OF BIRTH

County of Colleton
Township of
or
Inc. Town of:
or
City of Walterton

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
25117

Registration District No. 9 A

Registered No. 1170
(For use of Local Registrar)

(2) Full Name of Child

Estelle Mc Gray

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

3) BOY OR GIRL? Y

4) Twin or Triplet? X

(5) Number in order of Birth X

(6) Are Parents Married? Y

(7) DATE OF BIRTH: Aug. 18 22

To be answered only in event of Twins or Triplets:

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Arthur Mc Gray

9) PRESENT POSTOFFICE OF FATHER 42 Marsh

10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 22 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Labour

20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Richardson

(15) PRESENT POSTOFFICE OF MOTHER 42 Marsh

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 100 M.I. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Thomas

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 23. Colton

Given name added from a supplemental report:

(26) Witness

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

(27) Filed 8/21 1922 Mc Gray 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.

STATE OF SOUTH CAROLINA :*
COUNTY OF CHARLESTON)

PERSONALLY APPEARED BEFORE ME a Notary Public of South Carolina,
Sarah McCray, who being duly sworn says and deposes that she is the mother
of a female child who was born at 42 Marsh St. in the City of Charleston on
August 18th, 1922: that the birth record for this child was duly recorded in
the Charleston County Health Department, but that Julia Chinnes, the midwife
recorded the given name of the child as Rosabelle, and this should be ORABELLE
and that the mother's maiden name was recorded as Sarah Richardson and this
should be Sarah KENNEDY: that she wishes these corrections to be made on the
original record and that the above is a true statement of facts.

SWORN to before me this

12th day of July, A.D. 1940.

Emmus H. Prognall

Sarah McCray
9 Inspection St.

Record No. 118/1179