

## (1) PLACE OF BIRTH

County of Charlotte  
 Township of .....  
 or  
 Inc. Town of: .....  
 or  
 City of Charlotte

## 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. 9A

Registered No. 1179  
 (For use of Local Registrar)

## (2) Full Name of Child

(No. 42 Marsh)  
Horatella McGray

St.: ..... Ward: .....

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

3. BOY OR GIRL? G  
 4. Twin or Triplet? X  
 5. Number in order of birth X  
 To be answered only in event of Twins or Triplets:

6. Are Parents Married? Yes

7. DATE OF BIRTH: Aug. 18 22  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Arthur McGray  
 9. PRESENT POSTOFFICE OF FATHER 42 Marsh  
 10. COLOR OR RACE C  
 11. AGE AT LAST BIRTHDAY 22 (Years)  
 12. BIRTHPLACE D.C.  
 13. OCCUPATION Labour

## 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 D.C.  
 19. OCCUPATION Domestic

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

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 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

23. (Signature) Julia Chesser

24. State whether Physician or Midwife Midwife

25. Address of Physician or Midwife 23. Belmont

Given name added from: as supplemental report:

26. Witness

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

27. Filed 8/21 1922

19 Registrar

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

Sarah McCray  
9 Inspection St.

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

Emma H. Regnall

Record No. 118/1179