

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of *Meribury*Township of *Thurmont*or  
Inc. Town of

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

74009

Registration District No. *2403* Registered No. *51*  
(For use of Local Registrar)(2) Full Name of Child *Willie May Gray*

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

(3) BOY OR GIRL <i>girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>August 5, 1914</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Bowland Gray*

(9) PRESENT POSTOFFICE OF FATHER *Meribury*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *Meribury S.C.*

(13) OCCUPATION *Iron Laborer*

(20) Number of children born to mother, including present birth *3*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Luray Wyatt*

(15) PRESENT POSTOFFICE OF MOTHER *Meribury S.C.*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *Meribury S.C.*

(19) OCCUPATION *Iron Laborer*

(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* ..... at *8 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Effie M. Wyatt*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Meribury*

Given name added from a supplemental report

(26) Witness *J. Y. Lloyd*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *August 12, 1914* (28) *J. Y. Lloyd* 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.