

THIS SPACE IS TO BE USED FOR SEPARATE ENTRY OF EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson  
Township of North  
OF  
Inc. Town of .....  
OF  
City of .....

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

Registration District No. 319

File No. — For State Registrar Only  
**40863**

Registered No. 1004  
(For use of Local Registrar)

(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 Katie M. Gray

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) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 6, 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. M. Gray  
(9) PRESENT POSTOFFICE OF FATHER Anderson R#8  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Anderson Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lula DeCharger  
(15) PRESENT POSTOFFICE OF MOTHER Anderson R#8  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE Anderson Co  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. O. M. Gray (24) State whether Physician or Midwife (25) Address of Physician or Midwife ...

Given name added from a supplemental report

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

(27) Filed Jan 8, 1923 (28) R. P. R. ... 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.

... etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.