

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

File No. — For State Registrar Only  
 71117

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of My  
 Inc. Town of .....  
 City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 209 Registered No. 33  
 (For use of Local Registrar)

(2) Full Name of Child Caroline Marie 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 June, 29, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Wesley Gray  
 (9) PRESENT POSTOFFICE OF FATHER Easton S. C.  
 (10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE Barnwell C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth one

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Miss Caroline Marie  
 (15) PRESENT POSTOFFICE OF MOTHER Easton S. C.  
 (16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Barnwell C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John W. Doderer  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife My Office

Given name added from a supplemental report  
 ....., 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
 (27) Filed 9/17 1916 (28) [Signature] Local Registrar.

MARSH PRINTED FOR BUREAU OF VITAL STATISTICS, COLUMBIA, S. C. FILE NO. OF TWINS OR TRIPLETS IN SEPARATE BLANK FOR EACH CHILD, AND MARK IN BIRTH REPORT, NO. 1, THE OTHERS, NO. 2, IN QUESTION 5.

\*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.