

Form No. 1.

(1) PLACE OF BIRTH

County of S. Sumner
Township of Bull Pond
or
Inc. Town of
or
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

48131

Registration District No. 2.0.3. Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child. Elonga S. Grayson } 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 Feb. 11 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward D. Grayson
(9) PRESENT POSTOFFICE OF FATHER Wendell SC 172
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Waycross S.C.
(13) OCCUPATION Labourer
(14) Number of children born to mother, including present birth 5

MOTHER.

(15) NAME BEFORE MARRIAGE Genia Harvey
(16) PRESENT POSTOFFICE OF MOTHER Wendell SC
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 20 (Years)
(19) BIRTHPLACE Waycross
(20) OCCUPATION Labourer
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. X. Gordon
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 11 1916 (28) J. H. House 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.

MARGIN REMOVED FOR BINDING. WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2. McCaw, of Columbia.