

## (1) PLACE OF BIRTH.

County of Barnwell  
 Township of Bull Pond  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

88458

Registration District No. 505 Registered No. 88  
 (For use of Local Registrar)

City of ..... (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 Lue Belle 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) Parents Married? Yes (7) DATE OF BIRTH Dec 11 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robbie Gray  
 (9) PRESENT POSTOFFICE OF FATHER Barton S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Bull Pond

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lue McCrady

(15) PRESENT POSTOFFICE OF MOTHER Barton S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Bull Pond

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 30 A. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis D. ...  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Barton S.C.

Given name added from a supplemental report

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

(27) Filed Dec 16 1916 (28) J. A. Rouse 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.