

## 1) PLACE OF BIRTH

County of Spartanburg  
 Township of Cherokee  
 or  
 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

20180

Registration District No. 11002-0 Registered No. 72  
 (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

Allen Francis Gray

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

BOY OR GIRL	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8, 1922</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME <u>Allen Gray</u>			(14) NAME BEFORE MARRIAGE <u>Clara Sweeney</u>	
PRESENT POSTOFFICE OF FATHER <u>Cherokee S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee S.C.</u>	
COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
BIRTHPLACE <u>Pinebluff</u>			(18) BIRTHPLACE <u>Pinebluff</u>	
OCCUPATION <u>Evacuum Installer</u>			(19) OCCUPATION <u>Housekeeping</u>	
Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

2) I hereby certify that I attended the birth of this child, who was Balance ..... at 1 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. McFisley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Cherokee S.C.

Enter name added from a supplemental report

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

(27) Filed June 10, 1922 (28) J. Blackwell  
 Local Registrar.

\*If there was no attending physician or midwife, then the father, householders, 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.

1. PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE No.—For State Registrar Only

STATE OF SOUTH CAROLINA

20180

County of York

Bureau of Vital Statistics

Township of Cherokee

State Board of Health

or  
Inc. Town ofRegistration District No. 4002-2 Registered No. \_\_\_\_\_  
(For use of Local Registrar)or  
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

Allen Francis Gray (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER

## MOTHER

8. FULL NAME

14. NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

15. PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

16. COLOR OR RACE

17. AGE AT LAST BIRTHDAY

12. BIRTHPLACE

18. BIRTHPLACE

13. OCCUPATION

19. OCCUPATION

20. Number of children born to mother, including present birth

21. Number of children of this mother now living, including present birth

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(Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

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

19

28.

Local Registrar

Registrar

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Registrar Only

Registrar

Ward

ed, make directed

22 (Year)

my

C.

5 (Year)

y

ing.

M.

P.M.

Midwife

F.C.

all

Registrar