

## (1) PLACE OF BIRTH

County of BerkeleyTownship of Lebanon

Inc. Town of .....

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 HealthFile No. - For State Registrar Only  
20018Registration District No. 908 Registered No. 21  
(For use of Local Registrar)(2) Full Name of Child March M. Cray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Month of Month) (Day) (Year) <u>July 12 1923</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe M. Cray</u>			(14) NAME BEFORE MARRIAGE <u>Lucie Hailand</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pineville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pineville S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)	
(12) BIRTHPLACE <u>Berkeley Co.</u>			(18) BIRTHPLACE <u>Berkeley Co.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8.9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Clois Allen Camp  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pineville S.C.

(Given name added from a supplemental report)

(26) Witness Richard Cray  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 2, 1923 (28) D. M. Cray  
Registrar 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.