

WRITING PLAINLY, WITH UNFADING INK—FILL IN A SEPARATE REPORT FOR EACH CHILD, and mark the
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in question 2.
M. H.—In case of PRETERM CHILD, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Bertie
Township of Rich
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

3246

Registration District No. 702 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Marion Grayson (No. St. Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 8 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Louise

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report
.....
....., 19....
Registrar

(26) Witness

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

(27) Filed Feb 9 1922 (28) J. J. Cannon Local Registrar

*When there was no attending physician or midwife, then the father, householder, or 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.