

(1) PLACE OF BIRTH

County of

Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45726

Township of

Limestone

Inc. Town of

Registration District No.

1008

Registered No. *10*

(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

Wildred Grayson

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

1

(5) Number in order of birth

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 19 1916

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

Lawrence Grayson

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

35

(Years)

(12) BIRTHPLACE

Monroe La.

(13) OCCUPATION

Painter

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Vester Ruppke

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Spartanburg S.C.

(19) OCCUPATION

House work

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was *alive* at *7:20* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. Nettlesby, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gaffney S.C.

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness

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

(27) Filed *Feb 1* 1916

(28) *H. J. Pauls* 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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