

(1) PLACE OF BIRTH

County of Laurens
 Township of Dials
 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

30955

Registration District No. 2-101 Registered No. 90
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 9 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 8, 1924
 (If child is not yet named, make supplemental report as directed)

FATHER
 (8) FULL NAME Paul J. Gray
 (9) PRESENT POSTOFFICE OF FATHER Fountain Inn SC #1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 9

MOTHER
 (15) NAME BEFORE MARRIAGE Bertie Balke
 (16) PRESENT POSTOFFICE OF MOTHER Fountain Inn S.C. #1
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 37
 (19) BIRTHPLACE S.C.
 (20) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 100 on this date above stated.
 (Name of certifier) (Hour A. M. or P. M.)

(23) (Signature) H. B. Stewart
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fountain Inn S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)
 (27) Filed Oct 5, 1924 (28) W. Mahan 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.