

(1) PLACE OF BIRTH

County of Pickens
 Township of Hurricane
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Register Only

20813

Registration District No. 3704 Registered No. 77
 (For use of Local Registrar)

(2) Full Name of Child Gray Barkley If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 31, 1923</u> (Month of Birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Honey Barkley</u>			(14) NAME BEFORE MARRIAGE <u>Mollie Pilgrimage</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pickens SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pickens SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Male at 8 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. F. F.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pickens SC

Given name added from a supplemental report

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

(27) Filed 10/3/23 (28) M. J. F. 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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