

MARRIAGE REGISTERED FOR BIRTHING. WITH UNPAID IN-THIS IS A PERMANENT RECORD. 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 1.

(1) PLACE OF BIRTH

County of Marlboro.....  
 Township of Summerville  
 OF  
 Inc. Town of.....  
 OF  
 City of.....

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

File No.—for State Registrar's Use  
**44716**

Registration District No..... Registered No... 24.....  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec - 18, 1923  
 To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Amos A. Gray  
 (9) PRESENT POSTOFFICE OF FATHER Blanchester S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE Blanchester  
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Cox Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Blanchester  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
 (18) BIRTHPLACE Blanchester  
 (19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) R. D. Napier Blanchester, S.C.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed..... (28) 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.