

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of Alex

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
64411

Inc. Town of Registration District No. 2100 Registered No. 31
 (For use of Local Registrar)
 City of (No. SL; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>June 2</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Wesley</u>			(14) NAME BEFORE MARRIAGE <u>Josephine Gray</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wesley</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darks S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>Georgetown S.C.</u>			(18) BIRTHPLACE <u>Georgetown S.C.</u>	
(13) OCCUPATION			(19) OCCUPATION <u>Farm Hand</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>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Bernard P. Pope
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dutland S.C.

Given name added from a supplemental report

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

(27) Filed June 11 1916 (28) J. L. M. C. C. C. Local Registrar

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

MARGIN RESERVED FOR BINDING. WHITE PLAINLY, WITH LEADING INK—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 5. McCaw, of Columbia.