

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING 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.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
62754

Registration District No. 100 Registered No. 121
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3 1916
(Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Geo Gray
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S
 (10) COLOR OR RACE Cae (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE Abbeville S
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Eight

MOTHER.
 (14) NAME BEFORE MARRIAGE John Keller
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S
 (16) COLOR OR RACE Cae (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Abbeville S
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Gowan
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness W. J. Gowan
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 1 1916 (28) W. J. Gowan 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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