

WHILE FILLING IN THIS CERTIFICATE, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Auderson</u>		STATE OF SOUTH CAROLINA.		20927	
Township of <u>News Path</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>307</u>		Registered No. <u>89</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child. <u>Paul Gaynell Cray</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>6-13-28</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Lawrence Cray</u>	(14) NAME BEFORE MARRIAGE <u>Dora Blue Moore</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>News Path, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>News Path, S.C.</u>				
(10) COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>				
(11) AGE AT LAST BIRTHDAY <u>26</u>	(17) AGE AT LAST BIRTHDAY <u>28</u>				
(12) BIRTHPLACE <u>Greenville Co.</u>		(18) BIRTHPLACE <u>Greenville Co.</u>			
(13) OCCUPATION <u>factory mill operator</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>1</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>4:50</u> A.M., (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>A. B. Williams</u>					
(24) State whether Physician or Midwife <u>M.D.</u>					
(25) Address of Physician or Midwife <u>News Path, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>July 30 1922</u>		
..... Registrar			(28) <u>James Williams</u> 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.