

(1) PLACE OF BIRTH

County of Greenville
 or
 Township of Paris MT
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30557

Registration District No. 2214Registered No. 41
(For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 6 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lewis Gray
 (9) PRESENT POSTOFFICE OF FATHER Greenville R. 3
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 19 (Years)
 (12) BIRTHPLACE Greenville
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Turner
 (15) PRESENT POSTOFFICE OF MOTHER Greenville R. 3
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Greenville
 (19) OCCUPATION House & farm work

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was A. L. L. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) at 6:30 PM.

(23) (Signature) B. J. Goodlett M.D., Greenville S.C.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 9 22 (28) John B. Hester 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.