

Form No. 1

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 or  
 Inc. Town of Reber, SC  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13544

Registration District No. 38Registered No. 77

(For use of Local Registrar)

(2) Full Name of Child \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

1. BOY OR GIRL Girl 2. Twin or Triplet? No 3. Number in order of birth 2 4. Are Parents Married? Yes 5. DATE OF BIRTH May 11, 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

6. FULL NAME J. J. Bray  
 7. PRESENT POSTOFFICE OF FATHER Earley SC  
 8. COLOR OR RACE White 9. AGE AT LAST BIRTHDAY 30 (Years)  
 10. BIRTHPLACE Grainville, Kentucky  
 11. OCCUPATION Mill work

## MOTHER.

12. NAME BEFORE MARRIAGE Lizzie Ross  
 13. PRESENT POSTOFFICE OF MOTHER Earley SC  
 14. COLOR OR RACE White 15. AGE AT LAST BIRTHDAY 30 (Years)  
 16. BIRTHPLACE Piedmont SC  
 17. OCCUPATION Domestic

20. Number of children born to mother, including present birth 221. Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6:45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Duncanson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Reber, SC

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

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

(27) Date June 7, 22(28) Local Registrar W. R. Duncanson

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.