

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Savannah

Inc. Town of

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

12885

Registration District No. 311Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child Paul Gray Jr.

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet
To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Sex Male(7) DATE OF BIRTH May 11, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul Gray(9) PRESENT POSTOFFICE OF FATHER Stary S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Anderson Co.(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Roscoe Hill(15) PRESENT POSTOFFICE OF MOTHER Stary S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Farmer

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Stary S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen Hill

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Stary S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date June 9, 1923(28) Signature of Local Registrar Marge Hill

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.