

(1) PLACE OF BIRTH

County of McCormick
Township of Bordley
City of
or
Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35475

Registration District No. 4100 Registered No. 129
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1, 1922
(Name of Month) (Day) (Year)

FATHER
FULL NAME Tom Finley

PRESENT POSTOFFICE OF FATHER McCormick

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION farmer

(14) Number of children born mother, including present birth 7

MOTHER
(14) NAME BEFORE MARRIAGE Carrie Bonrick

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given same added from a supplemental report

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

(27) Filed Oct 10, 1922 (28) P. A. Mattison 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.