

(1) PLACE OF BIRTH

County of Lancaster

Township of

Inc. Town of

City of Shawnee

(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

No. 40182

Registration District No. 20-A Registered No. 392
(For use of Local Registrar)(2) Full Name of Child Annie Virginia Gray

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

(3) SEX OF CHILD girl(4) Type of Birth no(5) Number in order of birth 7(6) Age of Child yes(7) DATE OF BIRTH Dec 5 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Gray(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Orangeburg(13) OCCUPATION RR. employe.(14) Number of children born to mother, including present birth 7

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Etta Johnson(16) PRESENT POSTOFFICE OF MOTHER Lancaster(17) COLOR OR RACE W.(18) AGE AT LAST BIRTHDAY 28(19) BIRTHPLACE Clarendon Co.(20) OCCUPATION H.W.(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Date Dec 15 1923 (29) P. H. Prugham, M.D.

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.

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