

(1) PLACE OF BIRTH
County of Anderson
Township of Hopewell
or
Inc. 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
9896 vol 12

Registration District No. 308

Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Edna Grayman
(if birth occurs in a hospital or other institution give name of same instead of street and number.)
St. 2 Ward
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 1st
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 1 1912
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Grayman

(9) PRESENT POSTOFFICE OF FATHER Anderson #2

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Abbeville Co S.C.

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Monte Chester

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Rose

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

See Affidavit
12/2/11 44 24-8

(Signature of Witness necessary only when question 25 is signed by mark)

Wm. I. M. Anderson
Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. No report is desired of stillbirths or of pregnancy.