

1) PLACE OF BIRTH

County of Spartanburg
 Township of Campobello
 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 Registry Only
19136

Registration District North 5th

Registered No. 129
 (For use of Local Registrar)

2) Full Name of Child Infant Lura Gray

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

3) SEX OF CHILD boy
 4) Twin or Triplet
 5) Number in order of birth

6) MARRIED

7) DATE OF BIRTH June 25 1923
 (Name of month) (Day) (Year)

FATHER.

8) FULL NAME Andrew Lucile Gray
 9) PRESENT POSTOFFICE OF FATHER Campobello S.C.
 10) COLOR OR RACE colored
 11) AGE AT LAST BIRTHDAY 34
 12) BIRTHPLACE S.C.
 13) OCCUPATION farmer
 14) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Annie Copeland
 15) PRESENT POSTOFFICE OF MOTHER Campobello S.C.
 16) COLOR OR RACE colored
 17) AGE AT LAST BIRTHDAY 24
 18) BIRTHPLACE S.C.
 19) OCCUPATION house wife
 20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

22) (Signature) Patricia Crofford Midwife
 23) State whether Physician or Midwife
 24) Address of Physician or Midwife Immam S.C.

Given name added from a supplemental report

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

26) Local Registrar

When a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.