

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of

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

(2) Full Name of Child

Alvesta Gray

File No.—For State Registrar Only

16560

Registration District No. 362.3Registered No. 126
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

May 11 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Julius Gray

(9) PRESENT POSTOFFICE OF FATHER

Gadsden SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

35
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

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

8

MOTHER.

(14) NAME BEFORE MARRIAGE

Alvesta Wright

(15) PRESENT POSTOFFICE OF MOTHER

Gadsden

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

35
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

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

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 AM,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susana Wright

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Congaree SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.