

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 1 —In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Allendale
Township of Bull Pond
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

40692

Registration District No. 3 Registered No. 72
(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 Ella Gray If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 4 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Lair Gray
(9) PRESENT POSTOFFICE OF FATHER Barton SC
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29
(Years)
(12) BIRTHPLACE SC
Hampton County
(13) OCCUPATION Farm Labor
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Ellie Gray
(15) PRESENT POSTOFFICE OF MOTHER Barton SC
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23
(Years)
(18) BIRTHPLACE Allendale County SC
(19) OCCUPATION House worker
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Lion at 4 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Will Simpson
(24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Barton SC

Given name added from a supplemental report

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

(27) Filed Dec 5 1922 (28) J. P. Reese
Registrar 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.

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