

(3) PRESENCE OF

CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Use

32041

Township of .....

Inc. Town of .....

Registration District No. ....

Registered No. ....

City of Charleston(No. Robin Hood)

(For use of Local Registrar)

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

(Ward)

(2) Full Name of Child. Thomas Ashby Gray Jr.

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

(1) Sex of Child Boy(4) Twin or Triplet? No(3) Number in order of birth 1(5) Are Parents Married? Yes(6) DATE OF BIRTH Nov. 26 23

(Name of Month) (Day) (Year)

(7) FULL NAME Mr. Ashby Gray

FATHER.

(8) PRESENT POSTOFFICE OF FATHER 73 Calhoun St. Charleston SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE In -(13) OCCUPATION Major Inc. Co.(20) Number of children born to mother, including present birth 1(14) NAME BEFORE MARRIAGE Mamie Wolfe

MOTHER.

(15) PRESENT POSTOFFICE OF MOTHER 32 Calhoun St. Charleston SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Charleston SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) (Hour, A. M. or P. M.) 9 A. M. on the date above stated.(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12/5 23 (28) [Signature]

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.

FIRST-BOUN N. No. 1. THE OTHER, No. 2, etc. In question 1.

McCurdy of Columbia