

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64572

County Greenville
Township Greenville

Inc. Town of
or
City of

Registration District No. 2209 Registered No. 314
(For use of Local Registrar)

(No. 3 Bennett St. Greenville S.C.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? F (4) Twin or Triplet? (5) Number in order of birth (6) Sex Male (7) DATE OF BIRTH June 22 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME B. Lowell Gray
(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Mill Work
(14) Number of children born to mother, including present birth 1

MOTHER
(15) NAME BEFORE MARRIAGE Rechel Holden
(16) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 18 (Years)
(19) BIRTHPLACE N.C.
(20) OCCUPATION House work
(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, born alive at 3 P. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) H. M. Burnett
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville

Given name added from a supplemental report
191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
(27) July 1 1916 (28) A. J. Mackey 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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NEVER SIGN THESE RECORDS UNLESS YOU ARE A REGISTERED PHYSICIAN OR MIDWIFE. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. FIVE OTHERS, NO. 2, ETC., IN QUESTION 5.