

Form No. 1

(1) PLACE OF BIRTH

County of DelawareTownship of Delaware

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41007

Registration District No. 975Registered No. 140

(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Gray

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

(3) BOY OR GIRL Boy(4) Twin or Triplet No(5) Number in order of birth 1(6) Age 2 years(7) DATE Dec 23 - 23

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Gray(9) PRESENT POSTOFFICE OF FATHER Delaware(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 17(12) BIRTHPLACE Delaware(13) OCCUPATION Miner(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Mattie Martin(16) PRESENT POSTOFFICE OF MOTHER Delaware(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 17(19) BIRTHPLACE Delaware(20) OCCUPATION Housewife(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) (Born in M. or P. M.) on the date above stated.(23) (Signature) Delphia Martin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Delaware

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Dec 28 19 23(28) W. H. Huggins 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.