(1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of Greenwood, S.C.

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4446

Registration District No. 23 Registered No. 705

(For use of Local Registrar)

(No. Grace St. 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 Hugh Morton Gray Jr. If child is not yet named, make supplemental report as directed

| (3) BOY OR 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? | (7) DATE OF BIRTH (Name of Month) (Day) (Year) |
|---|---|---|---|---|
| Boy | | | yes | Jan. 9 1922 |

## FATHER.

(8) FULL NAME Hugh Morton Gray

(9) PRESENT POSTOFFICE OF FATHER Davidson, N. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Mannsville N. C.

(13) OCCUPATION Teaching

(20) Number of children born to mother, including present birth 1 (One)

## MOTHER.

(14) NAME BEFORE MARRIAGE Helen Nell Blake

(15) PRESENT POSTOFFICE OF MOTHER Davidson, N. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Greenwood, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 (One)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour: A. M. or P. M.)

(23) (Signature) C. H. Blake M. D.

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 3/20/22 19 .... (28) W. A. Williams

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.

Form 5-6

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

*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.