

MARRIAGE REGISTERED FOR MARRIAGE.
 WHERE PLAINLY, WITH A SPARKING, INM—THIS IS A PERMANENT MEMBER
 H. B.—in case of twins or triplets use a separate blank form for each child, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Richmond
 Township of Hammond
 or
 Inc. Town of.....
 City of.....
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 104 Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child E. S. Eugenia Gray If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type or Figure - (5) Number or order of birth 2 (6) Age of Child 7-2 (7) DATE OF BIRTH Oct 8 M. 2 Y. 3
 (Name of Month) (Day) (Year)

FATHER
 (8) NAME PERSON Lesley Eugene Gray
 (9) PRESENT RESIDENCE OF FATHER Ant.ville S C
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)
 (12) OCCUPATION Abt Co.
 (13) NUMBER OF OTHER CHILD BY MOTHER, INCLUDING PRESENT ONE Two

MOTHER
 (14) NAME PERSON Patricia Brooks Spear
 (15) PRESENT RESIDENCE OF MOTHER Ant.ville S C
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)
 (18) OCCUPATION Abt Co.
 (19) NUMBER OF OTHER CHILD BY FATHER, INCLUDING PRESENT ONE Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (20) I hereby certify that I attended the birth of this child, who was... Aline... at... 11 P.M.
 on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)
 (21) ADDRESS OF PHYSICIAN OR MIDWIFE Ant.ville S C
 (22) SIGNATURE OF PHYSICIAN OR MIDWIFE [Signature]
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