

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Hillsboro  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29952

Registration District No. 1643 Registered No. 135  
 (For use of Local Registrar)

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

(2) Full Name of Child Minnie Grace Grey If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-13-22  
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Gordon Grey MOTHER: (9) NAME BEFORE MARRIAGE Lora Parker

(10) PRESENT POSTOFFICE OF FATHER Lake View S.C. (11) PRESENT POSTOFFICE OF MOTHER Lake View S.C.

(12) COLOR OR RACE white (13) AGE AT LAST BIRTHDAY 30 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 23  
 (Years) (Years)

(16) BIRTHPLACE Dillon Co. (17) BIRTHPLACE Dillon Co.

(18) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Violet Bithen (24) State South Carolina (25) Address of Physician or Midwife Lake View S.C.

Given name added from a supplemental report

(26) Witness C. R. Hayes (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9-16-22 (28) C. R. Hayes Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make and sign the report. 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.

REMARKS: WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.