

(1) PLACE OF BIRTH

County of SpartanburgTownship of Bush Springs

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

20138

Registration District No. 4122 Registered No. 15

(For use of Local Registrar)

City of (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 John Gray

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Feb 14, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Gray(9) PRESENT POSTOFFICE OF FATHER Union SC(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Remm(13) OCCUPATION Unit Road(20) Number of children born to mother, including present birth Two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Barker(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Spartanburg(19) OCCUPATION Home Wife(21) Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. B. Brown(24) State whether Physician or Midwife Phys.(25) Address of Physician or Midwife Union SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1, 22 (28) S. B. Brown 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.

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.