

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Brush Springs
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

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. 4100 Registered No. 15
 (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 John 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) Are Parents Married? Yes (7) DATE OF BIRTH Feb 14 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harry Gray
 (9) PRESENT POSTOFFICE OF FATHER Tusculum St
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE Remm
 (13) OCCUPATION Leit 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 Tusculum St
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 26
 (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. Brown
 (24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Remm

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. 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.
 DEPARTMENT OF HEALTH, STATE OF SOUTH CAROLINA, COLUMBIA, S. C.