

## 1) PLACE OF BIRTH

County of Spartanburg S.C.  
Township of .....City of Spartanburg S.C.

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22493

Registration District No. 40-a Registered No. 304  
(For use of Local Registrar)(No. Cutting M.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Jasany Grey If child is not yet named, make supplemental report as directedBOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twin or Triplet

(6) Person Married? Yes

(7) DATE OF

BIRTH July 18, 1943  
(Month of Month) (Day) (Year)

## FATHER.

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY

(Years)

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(16) BIRTHPLACE

(16) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 1:00 A.M.,  
on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)(23) (Signature) Nancy Edwards

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Affid.

Given name used from a supplemental report

L. A. River M.D.  
2/16/44 19.....  
Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8-1-1943Jas. Copes  
Local RegistrarWhen 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.

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