

(1) PLACE OF BIRTH

County of AlbemarleTownship of Timmonsville

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2015No. 40370 for State Registrar OnlyRegistered No. 899
(For use of Local Registrar)

(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 May Pearl Gray

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH 12-17-23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jim Gray(9) PRESENT POSTOFFICE OF FATHER Timmonsville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50
(Year)(12) BIRTHPLACE Dorlington(13) OCCUPATION Job work(14) Number of children born to mother, including present birth 1

MOTHER

(15) NAME BEFORE MARRIAGE Ester J. Pinkin(16) PRESENT POSTOFFICE OF MOTHER Timmonsville(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 28
(Year)(19) BIRTHPLACE Greenville(20) OCCUPATION Same work(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Given name added from a supplemental report)

(26) Witness Chas. Nelson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12/22/23 (28) Chas. Nelson

19

Registrar

When there was no attending physician or midwife, then the father, householder, etc., must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report is required of stillbirth before the fifth month of pregnancy.