

Form No. 1

## 1) PLACE OF BIRTH

County of

Township of

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

24841

Registration District No.

501

Registered No.

28

(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

Edward Gray

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

3) BOY OR GIRL

Boy

4) Twin or Triplet?

5) Number in order of birth

To be answered only in event of Twins or Triplets

6) Are Parents Married?

Yes

7) DATE OF

BIRTH

April 29, 1922  
(Name of Month) (Day) (Year)

## FATHER

8) FULL NAME

Edward Gray

9) PRESENT POSTOFFICE OF FATHER

Barnwell S.C.

10) COLOR OR RACE

negro

11) AGE AT LAST BIRTHDAY

22

(Years)

12) BIRTHPLACE

Barnwell S.C.

13) OCCUPATION

Farmer

## MOTHER

14) NAME BEFORE MARRIAGE

Melle Gray

15) PRESENT POSTOFFICE OF MOTHER

Barnwell S.C.

16) COLOR OR RACE

negro

17) AGE AT LAST BIRTHDAY

21

(Years)

18) BIRTHPLACE

Barnwell S.C.

19) OCCUPATION

Field hand

20) Number of children born to mother, including present birth

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was.... at 12 P.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Flora Cornwell

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Barnwell S.C.

Give name added from a supplemental report

(26) Witness

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

(27) Filed

June 24, 1922

(28)

N. F. Kirkland

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.