

FORM NO. 8

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use 3 SEPARATE BLANKS for each child, and mark the FIRST-BORN. NO. 1. THE OTHER, NO. 2, etc., in question 5. McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of South Carolina
 Township of
 or
 Inc. Town of
 or
 City of South Carolina Registration District No. 9A Registered No. 65
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. 74, 20 case St.; Ward.)
 (For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
45566(2) Full Name of Child Robert Gray } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is to be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 18, 1911</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>J. B. Sadfrey</u>	(14) NAME BEFORE MARRIAGE <u>Miss Annie Hall</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>4th grade St., Do. Has. S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>4th grade St., Do. Has. S.C.</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S. C. Holy Hill</u>	(18) BIRTHPLACE <u>Brownsville S. C.</u>			
(13) OCCUPATION <u>Engineer (C. & S.)</u>	(19) OCCUPATION <u>.....</u>			
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John J. G. Park
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 88 Wentworth St.,Given name added from a supplemental report
....., 191.....
.....
Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1/22/11 (28) 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.