

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD
 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.
 STATE OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson
 Township of
 or
 Inc. Town of
 or
 City of Anderson (No. St.;
 (If birth occurs in a hospital or other institution, give name of same instead of street and ward)

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

2943

Registration District No. 3A Register (For use of) 76

(2) Full Name of Child William Edgar Gray If child is not supplemental rep

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH June 22, 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME William Edgar Gray
 9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 28 (Years)
 12) BIRTHPLACE Anderson S.C.
 13) OCCUPATION Mechanic

MOTHER.
 14) NAME BEFORE MARRIAGE Edna Brown
 15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 17 (Years)
 18) BIRTHPLACE Anderson S.C.
 19) OCCUPATION Home wife

20) Number of children born to mother, including present birth 224 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 ... alive ... at 3:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John Gray
 (24) State (whether Physician or Midwife) Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filled 19 (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.

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