

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.

MEDIUM OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

or

City of Anderson

(If birth occurs in a hospital or other institution, give name of same instead of street and

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3A

Register

(For use)

2943

76

Gard)

(2) Full Name of Child

William Edgar GrayIf child is not a
supplemental repmake
ected(3) BOY OR
GIRL?Bo(4) Twin
or Triplet?No(5) Number in
order of birth1st(6) Are
Parents
Married?Yes

(7) DATE OF

BIRTH June 22, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEWilliam Edgar Gray(9) PRESENT
POSTOFFICE
OF FATHERAnderson S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY23
(Years)

(12) BIRTHPLACE

Anderson S.C.

(13) OCCUPATION

Mechanic(20) Number of children born to
mother, including present birth1224

MOTHER.

(14) NAME BEFORE
MARRIAGEJames Brown(15) PRESENT
POSTOFFICE
OF MOTHERAnderson S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY17
(Years)

(18) BIRTHPLACE

Anderson S.C.

(19) OCCUPATION

Home wife(21) Number of children of this mother
now living, including present birth1224

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)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal 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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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