

Form No. 1

(1) PLACE OF BIRTH

County of BptTownship of h

or

Inc. Town of h

or

City of Parris Island

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41019

Registration District No. 6-110 Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Marion Delores Gray

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12-31-22</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gerald Francis Gray(9) PRESENT POSTOFFICE OF FATHER M.B. Parris Island, S.C.(10) COLOR OR RACE White-US. (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Corning, N.Y.(13) OCCUPATION U.S. Marine.(20) Number of children born to mother, including present birth two

MOTHER.

(14) NAME BEFORE MARRIAGE Marion Etheline Schultz(15) PRESENT POSTOFFICE OF MOTHER M.B. Parris Island, S.C.(16) COLOR OR RACE White-US. (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Wanpun, Wis.(19) OCCUPATION Housewife.(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. McCall (MC) U.S. Navy.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician, Parris Island, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1st 1923 (28) J. E. McCall 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.

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.

McCALL OF COLUMBIA, COLUMBIA, S. C.