

16 093398

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

12/17/41

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Clarendon

Township of

or
Inc. Town of Summertonor
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1304

FILE No.—For State Registrar Only

00275

Registered No.
(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 Elizabeth Grayson If child is not yet named, make supplemental report as directed.

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>July 31</u> , 19 <u>46</u> (Month, day, year)
5. Number, in order of birth <u>1</u>		Full term <u>yes</u>			

9. Full name <u>Harry Stevens Grayson</u>	FATHER <u>Stevens</u>	18. Name before marriage <u>Thomas May Martin</u>	MOTHER
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10. Residence (mailing address) (If non-resident, give place and State) <u>Summerton, SC</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Summerton, SC</u>
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11. Color or race <u>white</u>	12. Age at last birthday <u>24</u> (Years)	20. Color or race <u>white</u>	21. Age at last birthday <u>20</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Kingstree, SC</u>	22. Birthplace (city or place) (State or country) <u>Summerton, SC</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
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16. Date (month and year) last engaged in this work, 19.....	17. Total time (years) spent in this work, 19.....	25. Date (month and year) last engaged in this work, 19.....	26. Total time (years) spent in this work, 19.....
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27. Number of children of this mother (At time of birth and including this child) <u>one</u>	(a) Born alive and now living <u>one</u>	(b) Born alive but now dead <u>none</u>	(c) Stillborn <u>none</u>
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28. If stillborn, period of gestation..... months weeks	29. Cause of stillbirth.....	Before labor.....	During labor.....
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was.....at.....m. on the date above stated.

(Born alive or stillborn)

When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

(Signed) Thos J Davis, M.D.

or....., Midwife.

Given name added from
a supplementary report.....
(Date of)Address Manning, SCFiled Jan. 15, 1946 M.B. Woodward, MD

Registrar.

Registrar.