

16 093398

1. PLACE OF BIRTH

County of Clarendon

Township of

or
Inc. Town of Summerton N.C.or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

00275

Registration District No. 1304 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 Girl If Plural births 4. Twin, triplet or other..... 5. Number, in order of birth. 1 6. Premature..... Full term. yes 7. Are Parents Married? 76 8. Date of birth. July 31st 1916
(Month, day, year)9. Full name FATHER Stevens Harry Stephens Grayson 18. Name before marriage MOTHER Blossie May Martin
10. Residence (mailing address) Summerton, S.C. 19. Residence (mailing address) Summerton, S.C.
(If non-resident, give place and State)11. Color or race white 12. Age at last birthday. 24 (Years) 20. Color or race white 21. Age at last birthday. 20 (Years)13. Birthplace (city or place) Kingstree, S.C. 22. Birthplace (city or place) Summerton, S.C.
(State or country)OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.
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.
16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 19..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work 19.....27. Number of children of this mother one (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn..... none none

28. If stillborn, months weeks 29. Cause of stillbirth..... (Before labor..... During labor.....)

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, S.C.Filed Jan. 15, 1916 M.B. Woodward, MD
Registrar. Registrar.

12/17/41

MARGIN RESERVED FOR BINDING

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.

(See instructions on Back of Certificate)