

(1) PLACE OF BIRTH

County of Greenville
Township of 15
or
Inc. Town of Northville
or
City of 50

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

File No.—For State Registrar Only
18533

Registration District No. 15 Registered No. 30
(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 John Gracie If child is not yet named, make supplemental report as directed

3) BOY OR GIRL 1 4) Twin or Triplet? 3 5) Number in order of birth 3 6) Are Parents Married? Yes 7) DATE OF BIRTH June 14, 1912
To be answered only in event of Twins or Triplets

FATHER.
8) FULL NAME John Gracie
9) PRESENT POSTOFFICE OF FATHER Stokes
10) COLOR OR RACE W 11) AGE AT LAST BIRTHDAY 38 (Years)
12) BIRTHPLACE La
13) OCCUPATION W
14) NAME BEFORE MARRIAGE Lana Young
15) PRESENT POSTOFFICE OF MOTHER Stokes
16) COLOR OR RACE W 17) AGE AT LAST BIRTHDAY 29 (Years)
18) BIRTHPLACE La
19) OCCUPATION Wife
20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
22) I hereby certify that I attended the birth of this child, who was at
on the date above stated. (Born alive or stillborn) (Hour, M. or P.)
(23) (Signature) Anna Light (24) Address of Physician or Midwife St. Thomas
(25) State whether Physician or Midwife

26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 7, 1912 (28) C. B. Keith 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.