

Form No. 1

(1) PLACE OF BIRTH **Campobello**
 County of **Campobello**
 Township of **Campobello**
 Inc. Town of **Campobello**
 City of **Campobello**
 (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
66220

(2) Full Name of Child **Maggie Gray** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **2** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **June 14, 1916**
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME **Andrew Gray**
 (9) PRESENT POSTOFFICE OF FATHER **Campobello**
 (10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **28** (Years)
 (12) BIRTHPLACE **SC**
 (13) OCCUPATION **Farmer**
 (20) Number of children born to mother, including present birth **2**

MOTHER.
 (14) NAME BEFORE MARRIAGE **Alice Copeland**
 (15) PRESENT POSTOFFICE OF MOTHER **Campobello**
 (16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **26** (Years)
 (18) BIRTHPLACE **SC**
 (19) OCCUPATION **Domestic**
 (21) Number of children of this mother now living, including present birth **2**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **white** at **2** **9** M., on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature) **Alice Copeland**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Campobello**

Given name added from a supplemental report
 191....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed **June 15 1916** (28) **A. J. Burton** 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.

FIRST-BORN, No. 1, THE OTHER No. 2, etc. in question 5.

McGraw, of Columbia