

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

(1) PLACE OF BIRTH

County of Durham
 Township of Washington
 or
 Inc. Town of.....
 or
 City of

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

File No.—For State Registrar Only
987

Registration District No. 1303 Registered No. 4
 (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 Louise M. Gray If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? X (4) Twin or Triplet? 720 (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 20 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel J. Gray
 (9) PRESENT POSTOFFICE OF FATHER Washington
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE Washington Co.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Louise J. Gray
 (15) PRESENT POSTOFFICE OF MOTHER Washington
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Washington Co.
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. B. Ball
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Washington

Given name added from a supplemental report

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

(27) Filed Feb 7 1922 (28) Local Registrar. W. B. Ball

*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.