

Form No 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. For State Registrar Only	
County of <u>Partickburg</u>		STATE OF SOUTH CAROLINA		79377	
Township of <u>Partickburg</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4010</u>		Registered No. <u>26</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)			
(2) Full Name of Child <u>Lara Jean Gray</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>10</u>	(7) DATE OF BIRTH <u>Sept 8 1916</u>	
				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Dance Gray</u>			(14) NAME BEFORE MARRIAGE <u>Emily F. Frazier</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Moore #2 SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Moore #2</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)		
(12) BIRTHPLACE <u>Partickburg Co</u>			(18) BIRTHPLACE <u>Partickburg Co SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>13</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>Moore #2</u> P.M. on the date above stated. (Hour A.M. or P.M.)					
(23) (Signature) <u>W. H. Feltz</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Moore #2 SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191			(27) Filed <u>Sept 13 1916</u> (28) <u>Frank Heerman</u> Local Registrar		
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.