

(1) PLACE OF BIRTH
 County of Spartanburg **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of Dampscowville
 or
 Inc. Town of Registration District No. 4001B Registered No. 76
 or
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. — For State Registrar Only
70408

(2) Full Name of Child... Cornelia Gray ...
 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) Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Cornelia Gray</u> FATHER.		(9) FULL NAME <u>Ora Burnett</u> MOTHER.		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg # 2</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(14) NAME BEFORE MARRIAGE <u>Ora Burnett</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg # 2</u>
(12) BIRTHPLACE <u>Spartanburg Co</u>	(13) OCCUPATION <u>Farmer</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(18) BIRTHPLACE <u>Spartanburg Co</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			(19) OCCUPATION <u>Domestic</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. G. G. G.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Spartanburg # 2

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 Aug 4 1916 (28) A. G. Burnett
 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.

MARGIN RESERVED FOR PRINTING
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK AS
 McCaw, of Columbia FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.