

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN 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 1.

(1) PLACE OF BIRTH

County of A. B. Beville
 Township of Onagnoto
 or
 Inc. Town of.....
 or
 City of.....

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

Registration District No. 109 Registered No. 18
 (For use of Local Registrar)

No. 2023 For State Registrar Only

(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 Blairance Gray If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH Feb 29, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Paul Gray</u>	(14) NAME BEFORE MARRIAGE <u>Betty Tenant</u>	(9) PRESENT RESIDENCE OF FATHER <u>Bathorn Falls, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Bathorn Falls</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>A. Beville Co</u>	(18) BIRTHPLACE <u>A. Beville Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sally Leampell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bathorn Falls

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 1, 1923 (28) F. Lawrence Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the 6th month of pregnancy.