

MARGIN RESERVED FOR INDEXING
 N. H.—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 Anderson
 Township of Savannah
 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

3082

Registration District No. 311 Registered No. 7
 (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 Violet 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 1 6. Are Parents Married? Yes 7. DATE OF BIRTH Feb. 1 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Elmer Gray
 9. PRESENT POSTOFFICE OF FATHER Star, S.C.
 10. COLOR OR RACE Col 11. AGE AT LAST BIRTHDAY 23 (Years)
 12. BIRTHPLACE Anderson S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Bertha Gray
 15. PRESENT POSTOFFICE OF MOTHER Star, S.C.
 16. COLOR OR RACE Col 17. AGE AT LAST BIRTHDAY 19 (Years)
 18. BIRTHPLACE Anderson 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..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elmer Gray
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Star, S.C. P.O. 2

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
John F. Todd
 (27) Filed Feb 9 1922 (28) John F. Todd 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.