

Form No 1.

(1) PLACE OF BIRTH

County of Greene

Township of James X. Roady

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46204

Registration District No. 2006

Registered No. 2
(For use of Local Registrar)

(2) Full Name of Child Glenn M. Gray

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

(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 2 1916
(Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Robert M. Gray

(9) PRESENT POSTOFFICE OF FATHER Simmons, S.C.

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Cartersville, S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bunn

(15) PRESENT POSTOFFICE OF MOTHER Simmons, S.C.

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Cartersville, S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Mary A. Gray

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Simmons, S.C.

Give no name added from a supplemental report

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

(27) FILED 1/8, 1916 (28) J. H. Humphrey Local Registrar

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

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 City of Columbia.