

PLACE OF BIRTH

(1) PLACE OF BIRTH

County of Pickens, S.C.
 Township of Liberty
 or
 Inc. Town of Liberty
 or
 City of Liberty

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39790

Registration District No. 305

Registered No. 144
 (For use of Local Registrar)

City of Liberty (No. 305 St. 144 Ward 144)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hugh William Bray

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 16 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Bray
 (9) PRESENT POSTOFFICE OF FATHER Liberty, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)
 (12) BIRTHPLACE Anderson Co. S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Camy Adie Bowen
 (15) PRESENT POSTOFFICE OF MOTHER Liberty, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE Pickens Co. S.C.
 (19) OCCUPATION Domestic
 (20) 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 at Liberty, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. L. M. Owens (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Liberty, S.C.

Given name added from a supplemental report

(26) Witness Mrs. L. M. Owens (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 8 1922 (28) John T. Boyce 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.

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