

23 048090

1. PLACE OF BIRTH

Township of Sumter
 County of Williamburg
 or
 Town of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

Registration District No. 4318 Registered No.
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in hospital or other institution, give name of same instead of street and number) If child is not yet named, make supplemental report as directed.
 NAME OF CHILD Michael Gray

1. If Plural births 4. Twin, triplet, or other 5. Number, in order of birth. 1
 6. Premature Full term 7. Legitimate? 8. Date of birth. Oct 29, 1933
 (Month, day, year)

FATHER
Frank Gray
 Residence (usual place of abode) Lake City, S.C.
 (If nonresident, give place and State) (33) 33 (Years)
 race White 12. Age at last birthday
 (city or place) Williamburg, S.C.
 country

MOTHER
Wanda Gray
 18. Full maiden name
 19. Residence (usual place of abode) Lake City, S.C.
 (If nonresident, give place and State) 29 (Years)
 20. Color or race White 21. Age at last birthday 29
 22. Birthplace (city or place) Lake City, S.C.
 (State or country) Williamburg, S.C.
 OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
 25. Date (month and year) last engaged in this work 19.....
 26. Total time (years) spent in this work

17. Total time (years) spent in this work
 19.....
 Children of this mother of this birth and including this child) 3 (a) Born alive and now living (b) Born alive but now dead (c) Stillborn
 Before labor
 During labor
 29. Cause of stillbirth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was Alive at 6 P m. on the date above stated
 (Born alive or stillborn)

was no attending physician when the father, householder, make this return, signed from
 report.....
 (Date of)

(Signed) Miss Jane Floyd, M. D.
 or Miss Jane Floyd, Midwife
 Address Lake City, S.C.
 Filed Dec 20, 1930 Miss J. P. Moore
 Registrar.

Registrar.