

23 048090

FILE No

3742-a

1. PLACE OF BIRTH
Township of Sunder
County of Williamsburg
or
Town of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 4310 Registered No.
(For use of Local Registrar)

St. Ward

(No.) (If birth occurs in a 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 Miss Cora Gray

8. Date of birth Oct 29, 1933
(Month, day, year)

9. If Plural births
4. Twin, triplet, or other
5. Number, in order of birth 1
6. Premature
7. Legitimate?
Full term

FATHER
18. Full maiden name Frank Gray
19. Residence (usual place of abode) (If nonresident, give place and State) Lake City, S.C.
20. Color or race White 21. Age at last birthday 33 (Years)
22. Birthplace (city or place) (State or country) Lake City, S.C.
23. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. Farmer
24. Industry or business in which work was done, as silk mill, bank, etc.
25. Date (month and year) last engaged in this work
26. Total time (years) spent in this work
17. Total time (years) spent in this work
12. Age at last birthday (Years)
11. (city or place) Williamsburg, S.C.
10. (State or country) S.C.
9. Profession, or particular work done, as spinner, bookkeeper, etc.
8. or business in which done, as silk mill, bank, etc.
7. (month and year) last in this work
6. 19.....

MOTHER
18. Full maiden name Wanda Gray
19. Residence (usual place of abode) (If nonresident, give place and State) Lake City, S.C.
20. Color or race White 21. Age at last birthday 29 (Years)
22. Birthplace (city or place) (State or country) Lake City, S.C.
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
26. Total time (years) spent in this work
17. Total time (years) spent in this work
16. 19.....

28. Children of this mother of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn
29. Cause of stillbirth
30. (months) (weeks) Before labor During labor

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)

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

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