

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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
2843

Registration District No. 311

Registered No. 16
(For use of Local Registrar)

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

(2) Full Name of Child

Ida Gray

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

(3) SEX OR GIRL Girl	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Any Previous Marriage	(7) DATE OF BIRTH Feb 22, 23 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME	(9) PRESENT POSTOFFICE OF FATHER	(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY
Charlie Gray	Star S.C.	negro	35
(12) BIRTHPLACE	(13) OCCUPATION		
Anderson Co.	farmer		

MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY
Eva Gray	Star S.C.	Col.	17
(18) BIRTHPLACE	(19) OCCUPATION		
Anderson Co.	farmer		

(20) Number of children born to
mother, including present birth(21) Number of children of this mother
now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Rucker(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Star S.C.(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Mar 8, 23(28) L. B. Todd(29) Local Registrar

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

WHERE CLINIC, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
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 4