

(1) PLACE OF BIRTH

County of York
 Township of Bull Creek
 or
 Inc. Town of
 or
 City of (No. St. Ward ..)

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

Registration District No. 4403

No. for State Registrar
38060

Registered No. 652
 (For use of Legal Registrar)

(2) Full Name of Child Louise Gray Pryor (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth No (6) DATE OF BIRTH Nov 7 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Louis Gray
 (9) PRESENT POSTOFFICE OF FATHER Bull Creek SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE York Co SC
 (13) OCCUPATION Farmer

MOTHER.
 (14) NAME BEFORE MARRIAGE Ussie Bell Pryor
 (15) PRESENT POSTOFFICE OF MOTHER Bull Creek SC
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE Unknown
 (19) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth 1
 (21) 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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lou Charles (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Bull Creek SC

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) L. A. Mitchell
 (27) Filed Nov 16 1923 (28) L. A. Mitchell 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.