

(1) PLACE OF BIRTH

County of ... **Horry**
 Township of ... **Simpson Creek**

Inc. Town of ... **Loris**

City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

38304

Registration District No. **3509** ... Registered No. **118**

(For use of Local Registrar)

(No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Leroy Grate**

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

(2) BOY OR GIRL **Male** (4) Twin or Triplet **No** (5) Number in order of birth **1** (6) Are Parents Married **Yes** (7) DATE OF BIRTH **Sept 13** **1923**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Santa Grate**

(9) PRESENT POSTOFFICE OF FATHER **Loris, S.C.**

(10) COLOR OR RACE **Negro** (11) AGE AT LAST BIRTHDAY **34**
 (Year)

(12) BIRTHPLACE **Horry county, S.C.**

(13) OCCUPATION **Fam Laborer**

MOTHER.

(14) NAME BEFORE MARRIAGE **Peggy Gore**

(15) PRESENT POSTOFFICE OF MOTHER **Loris, S.C.**

(16) COLOR OR RACE **Negro** (17) AGE AT LAST BIRTHDAY **30**
 (Year)

(18) BIRTHPLACE **Horry County, S.C.**

(19) OCCUPATION **Fam Laborer**

(20) Number of children born to mother, including present birth **Three**

(21) Number of children of this mother now living, including present birth **Two**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **Born alive at 11 A.M.**
 on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature) **E. J. Graham**
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Loris, S.C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed **Sept 18th 1923** (28) **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.