

Form No. 1

(1) PLACE OF BIRTH

County of Hill

Township of Hanover

or
Inc. Town of

or
City of

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

(2) Full Name of Child

Mayorie Eelitz Grey

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jennings Bryan Grey

(9) PRESENT POSTOFFICE OF FATHER Bingham, Sc.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Sc.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Esie Perry

(15) PRESENT POSTOFFICE OF MOTHER Bingham, Sc.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Sc.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. Hardy M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Montum Sc.

Given name added from a supplemental report

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

(27) Filed Dec 2 1922 (28) B. Hardy 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.

File No.—For State Registrar Only

42077

Registration District No. 160 Registered No. 137
(For use of Local Registrar)

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 5.