

Form No. 1

## (1) PLACE OF BIRTH

County of Sp. Co.  
 Township of W. Springs  
 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 Only

5250

Registration District No. 471 Registered No. 13  
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 City of Montgomery, Ala. Ward 1

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

(3) SEX OF CHILD Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Sex of Parents M (7) DATE OF BIRTH Feb 3, 1923  
 To be answered only in case of Twins or Triplets (Name) (Day) (Year)

## FATHER.

(8) FULL NAME Leon Grayson  
 (9) PRESENT POSTOFFICE OF FATHER Fairfield S C  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE S. C.  
 (13) OCCUPATION Cook

## MOTHER.

(14) NAME BEFORE MARRIAGE Rose Montgomery  
 (15) PRESENT POSTOFFICE OF MOTHER Fairfield S C  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24 (Year)  
 (18) BIRTHPLACE S. C.  
 (19) OCCUPATION Day labor  
 (20) 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 Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. C. White

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

(27) Filed 3119 23

(28)

Mrs. J. C. White

Local Registrar

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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.