

## (1) PLACE OF BIRTH

County of Harri  
 Township of S. 24. 710  
 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  
**18998**

Registration District No. 25-00 Registered No. 26  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 5, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joseph Gray  
 (9) PRESENT POSTOFFICE OF FATHER Atkins & Co. Rt. 3  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 6-3 (Years)  
 (12) BIRTHPLACE Harri Co. S. C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Winnie Leamon  
 (15) PRESENT POSTOFFICE OF MOTHER Atkins & Co. Rt. 3  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 3-4 (Years)  
 (18) BIRTHPLACE Harri Co. S. C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 11-00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John C. Bragg(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Atkins & Co. Rt. 3

Given name added from a supplemental report

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

(27) Filed June 15, 1922 (28) J. E. Beck 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.