

MARCHES RESERVED FOR BIDDING.

WRITE PLAINLY, WITH EXPANSIVE INK—THIS IS A PERMANENT RECORD.

N. B.—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 2.

McKay, of Columbia.

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37315

Registration District No. 384

Registered No. 947

(For use of Local Registrar)

(2) Full Name of Child Eugene Blake Gracher Jr.

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

(3) BOY OR GIRL? 2.

(4) Twin or Triplet? known at birth

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 9, 22.

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Eugene Blake Gracher

(14) NAME BEFORE MARRIAGE Idna (Quinn) McLeod

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(15) PRESENT POSTOFFICE OF MOTHER Columbia

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Cousland N.C.

(18) BIRTHPLACE Hartsville S.C.

(13) OCCUPATION Traveling Salesman

(19) OCCUPATION H. W.

(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) J. H. McLeod M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Columbia

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12/18, 1923 (28) J. D. Sloan 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.