

(1) PLACE OF BIRTH

### CERTIFICATE OF BIRTH

County of Charleston

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45775

Township of Levensville

Inc. Town of

Registration District No. 1106

Registered No. 11

(For use of Local Registrar)

City of

(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. Janie May Gray

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>12 6 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(8) FULL NAME <u>Abner Gray</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Rodman</u>	(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(12) BIRTHPLACE <u>Charleston, S.C.</u>
(13) OCCUPATION <u>Farming</u>	(20) Number of children born to mother, including present birth <u>1</u>	(14) NAME BEFORE MARRIAGE <u>Wendell Stenting</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Rodman</u>	(16) COLOR OR RACE <u>negro</u>
(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	(18) BIRTHPLACE <u>Charleston, S.C.</u>	(19) OCCUPATION <u>Farming</u>	(21) Number of children of this mother now living, including present birth <u>1</u>	

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) James H. Lee

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

Given name added from a supplemental report

(26) Witness Abner Gray

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

(27) Filed 1-27 1916

(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.

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FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

S. C. DEPT. OF HEALTH, Columbia

THIS IS A SUPPLEMENTAL REPORT TO A BIRTH REPORT. IT IS NOT TO BE FILED WITH THE ORIGINAL REPORT.