Form No. 3

) PLACE OF BIRTH

unty of Greenville

wnship of Paris Mt.

or

Town of.....

or

y of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
18908

Registration District No. 2214 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.)

) Full Name of Child Jafers William Grey {If child is not yet named, make supplemental report as directed

BOY OR GIRL? boy | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? yes | (7) DATE OF BIRTH June 27, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

FULL NAME Leander Grey

PRESENT POSTOFFICE OF FATHER Travelers Rest S. C.

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

BIRTHPLACE Greenville Co

OCCUPATION Farming

Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Brock

(15) PRESENT POSTOFFICE OF MOTHER Same

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Greenville S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1.12 M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emmett Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville R 3

en name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed July 10 1922 (28) John B. Hester
Local Registrar.

hen 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.

Registrar Only

28
Registrar)

.....Ward)
ber.)

named, make
as directed

1 19 22
(Day) (Year)

Hockster

24
(Years)

.....M.,
A. M. or P. M.)

an or Midwife

Hester
al Registrar.
this return.
births