

RECORDING, WITH UNFADING 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		24437	
Township of <u>Maynoe</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>109</u>		Registered No. <u>68</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)			
(2) Full Name of Child <u>Debet Gray</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 16, 22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>James Young</u>			(14) NAME BEFORE MARRIAGE <u>Lula Coltracales</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Calhoun Falls Route</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Calhoun Falls Route</u>		
(10) COLOR OR RACE <u>negro</u>			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			(18) BIRTHPLACE <u>Abbeville Co</u>		
(12) BIRTHPLACE <u>Abbeville Co</u>			(19) OCCUPATION <u>Farmer</u>		
(13) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>6</u>		
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>12</u> A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ananda Whitson</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Calhoun Falls Route</u>					
Given name added from a supplemental report			(26) Witness <u>1</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Aug. 23, 1922</u> <u>J. C. Hume</u> 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.					