

MARGIN REGISTERED FOR BINDING.  
WHITE PLAINS, N.Y.—THIS IS A PERMANENT RECORD.  
No. 1.—In case of twins or triplets use a separate blank for each child, and mark the  
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(1) PLACE OF BIRTH

County of Spartanburg  
Township of 2  
or  
Inc. Town of 2  
or  
City of 2

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4051

Registration District No. 1923 Registered No. 11  
(For use of Local Registrar)

City of 2 (No. 2 St. 2 Ward 2)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marrie M. Gresh (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? 2 (7) DATE OF BIRTH Jan. 12, 1922  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Cassie M. Gresh</u>
(9) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Winnsboro</u>
(10) COLOR OR RACE		(16) COLOR OR RACE	<u>Colored</u>
(11) AGE AT LAST BIRTHDAY		(17) AGE AT LAST BIRTHDAY	<u>21</u>
(12) BIRTHPLACE		(18) BIRTHPLACE	<u>Spartanburg</u>
(13) OCCUPATION		(19) OCCUPATION	<u>Field hand</u>
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 2 nt. 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James B. Gresh  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness 2 (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 19 (28) 2 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.