

## (1) PLACE OF BIRTH

County of AikensTownship of HammondInc. Town of  
or

City of

(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

62857

Registration District No. 205B Registered No. 23  
(For use of Local Registrar)(2) Full Name of Child Rosa Lee Gregg { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 7, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Gregg(9) PRESENT POSTOFFICE OF FATHER Batte S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Langley S.C.(13) OCCUPATION mill hand(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Ernie Russell(15) PRESENT POSTOFFICE OF MOTHER Batte S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Fayetteville N.C.(19) OCCUPATION Domestic(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 alive at 2:38 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Green M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Batte S.C.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed June 7, 1916 (28) J. J. Green M.D. 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, 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.

McCaw, of Columbia.