

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
Township of North  
or  
Inc. Town of  
or  
City of

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

Registration District No. 901 Registered No. 18  
(For use of Local Registrar)

(No. GREGORY St. 18 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Anne Parker GREGORY (If child is not yet named, make supplemental report as directed)

(3) Male (4) Female (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH Jan 30 1923  
(Month of birth) (Day) (Year)

FATHER. <u>GREGORY</u>		MOTHER. <u>REYNOLDS</u>	
(8) FULL NAME <u>Frederick GREGORY Jr</u>	(10) NAME BEFORE MARRIAGE <u>Ethel Revere Reynolds</u>	(9) PRESENT RESIDENCE OF FATHER <u>2nd Pleasant S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>2nd Pleasant S.C.</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(16) BIRTHPLACE <u>Idaho</u>	(17) BIRTHPLACE <u>Idaho</u>	(18) OCCUPATION <u>Merchant</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</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 Alive at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) John G. Thompson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 2nd Pleasant S.C.

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 23 is signed "mark")  
(27) Jan 16 1923 (28) John G. Thompson

When there is no attending physician or midwife, then the father, householder, etc., should make a report to the registrar as soon as possible, but not later than the first month of pregnancy.

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