

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Blackville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13741

Registration District No. 3-2-4 Registered No. 49
 (For use of Local Registrar)

(2) Full Name of Child James Gregg (No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.
 If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Boy 4. Twin or Triplet? Yes 5. Number in second order of birth 6. Are Parents Married? Yes 7. DATE OF BIRTH May 20, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Walter Gregg
 9. PRESENT POSTOFFICE OF FATHER Blackville
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 24 (Years)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Peta Bell Childs
 15. PRESENT POSTOFFICE OF MOTHER Blackville
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 19 (Years)
 18. BIRTHPLACE S.C.
 19. OCCUPATION
 21. Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Gregg
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed June 10, 1922 (28) U. D. Harrison 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.

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