

(1) PLACE OF BIRTH

County of Florence
 Township of Rock Spring
 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

28270

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

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

(2) Full Name of Child Gregg Harry, Jr. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Person Married Yes (7) DATE OF BIRTH Sept 2 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gregg Harry
 (9) PRESENT POSTOFFICE OF FATHER Florence S.C. #1
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22
 (Year) (12) BIRTHPLACE Florence Co
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Briggs
 (15) PRESENT POSTOFFICE OF MOTHER Florence S.C. #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (Year) (18) BIRTHPLACE Florence Co
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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 11:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adaline Simmons
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence S.C. #1

Given name added from a supplemental report

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

(27) Filed Sept 13 1923 (28) A. J. H. Bant Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.