

(1) PLACE OF BIRTH

County of LaurinTownship of Laurin

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

43314

Registration District No. 29-4Registered No. 148

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Hazel Montclair Gregory

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?

(7) DATE OF BIRTH Dec 20 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME LeRoy Gregory(9) PRESENT POSTOFFICE OF FATHER Watts Mill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Bennett(15) PRESENT POSTOFFICE OF MOTHER Watts Mill(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James O. Walker(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician - Laurin S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 22 22 LE Bennett (28) 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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