

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		32543	
Township of <u>Union</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Union</u>		Registration District No. <u>42-A</u>		Registered No. <u>129</u>	
or				(For use of Local Registrar)	
City of <u>Union</u>		(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 <u>Donis Beatrice Gregory</u> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>Yes</u>	DATE OF BIRTH <u>Sept 14</u> 19 <u>22</u>	
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <u>George Gregory</u>			(14) NAME BEFORE MARRIAGE <u>Lais Bevis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>		
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>Union SC</u>			(18) BIRTHPLACE <u>Bartonsburg SC</u>		
(13) OCCUPATION <u>mill work</u>			(19) OCCUPATION <u>Mill work & Domestic</u>		
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>7:50</u> A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>M. H. Ross</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Union SC</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>10-10-22</u> (28) <u>S. V. Harrell</u> Local Registrar.		
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.					