

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18924

Registration District No. 386 Registered No. 495

(For use of Local Registrar)

(No. Columbia Hospital Ward)(2) Full Name of Child Robert Daniel Gregg If child is not yet named, make supplemental report as directed(3) BOY OR GIRL B. (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH June 15 1923

FATHER.

(8) FULL NAME Robert Daniel Gregg(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 31 (Year)(12) BIRTHPLACE Florence Co.(13) OCCUPATION yard foreman(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Annie Lee Cain(16) PRESENT POSTOFFICE OF MOTHER Columbia(17) COLOR OR RACE N. (18) AGE AT LAST BIRTHDAY 23 (Year)(19) BIRTHPLACE Florence Co.(20) OCCUPATION H.W.(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 born at 3:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. [illegible] (24) State whether Physician or 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 July 19 1923 (28) A. J. [illegible] 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.

Before the fifth month of pregnancy.