

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or Inc. Town of Marion

or City of .....

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

(2) Full Name of Child Robert Greag

File No. — For State Registrar Only

39358

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3DARegistered No. 1001  
(For use of Local Registrar)(3) BOY OR  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth(6) Sex  
Parents  
Married(7) DATE OF  
BIRTHNov. 13, 1932  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL  
NAMERobert Greag(9) PRESENT  
POSTOFFICE  
OF FATHERMarion Co.(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY36  
(Years)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

Law Mill(14) Number of children born to  
mother, including present birth8

## MOTHER

(14) NAME BEFORE  
MARRIAGELillian Johnson(15) PRESENT  
POSTOFFICE  
OF MOTHERMarion Co.(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY36  
(Years)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Domestic(20) Number of children of this mother  
now living, including present birth8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

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

(27) State

(28) Date

(29) 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.