

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

19090

2) Full Name of Child

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?

Yes

(7) DATE OF BIRTH

June 10 1909

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred Gregory

(9) PRESENT POSTOFFICE OF FATHER

Kershaw SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46 (Years)

(12) BIRTHPLACE

Kershaw Co SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Florence Horton

(15) PRESENT POSTOFFICE OF MOTHER

Kershaw SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37 (Years)

(18) BIRTHPLACE

Kershaw Co SC

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

6

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.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191...

Registrar

(26) Witness

(Signature of witness necessary only when question 23 is signed by marks)

(27) Filed

1909

(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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