

Form No. 3

## (1) PLACE OF BIRTH

County of Florence  
 Township of Florence  
 or Inc. Town of Florence  
 or City of Florence

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

17587

Registration District No. 26-A Registered No. 186  
 (For use of Local Registrar)  
 (No. 625 Ward St.; Ward Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter May Gregory If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) DATE OF BIRTH June 2, 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME John Gregory  
 (9) PRESENT POSTOFFICE OF FATHER Richmond, Va.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22  
 (12) BIRTHPLACE Florence, S.C.  
 (13) OCCUPATION Rail Road  
 (20) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Armeda Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Florence, S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17  
 (18) BIRTHPLACE Baltimore, Md.  
 (19) OCCUPATION House Work  
 (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 alive (How A. M. or P. 9:00)  
 on the date above stated.

(23) (Signature) Martha Ann Mack (24) State whether Physician or Midwife Midwife  
609 10th Ave. S.E.

Given name added from a supplemental report

(25) Witness James J. Smith  
 (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed June 11, 1923 (27) Local Registrar P. H. Forsham

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.