

(1) PLACE OF BIRTH

County of *Greenville*

Township of *Green Hills*

or  
Inc. Town of *Green*

City of *Green*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18753

Registration District No. *22-B*

Registered No. *27*

(For use of Local Registrar)

No. *9* St. *Mason* Ward

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

2) Full Name of Child *John Gressop*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Male*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *June 12 20*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. W. Gressop*

(9) PRESENT POSTOFFICE OF FATHER *Green S.C.*

(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY *35*  
(Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Textile Worker*

(20) Number of children born to mother, including present birth *6*

MOTHER.

(14) NAME BEFORE MARRIAGE *Ada Hodge*

(15) PRESENT POSTOFFICE OF MOTHER *Green S.C.*

(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY *34*  
(Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother new 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* at *Green S.C.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. W. Gressop*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Green S.C.*

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed *7-10-1920* (28) *J. W. Gressop* 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.

REGISTRAR  
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