

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

# 1. PLACE OF BIRTH

County of RICHLAND

Township of .....

or

Inc. Town of .....

or

City of COLUMBIA

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-A

FILE No.—For State Registrar Only

04937

Registered No. ....  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD DOROTHY MAE GREGG

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

3. Boy or Girl  
GIRL

If Plural  
births

4. Twin, triplet or other.....

6. Premature.....  
Full term yes

7. Are Parents  
Married? Yes

8. Date of birth October 11, 1922  
(Month, day, year)

9. Full  
name

### FATHER

Willie Gregg

10. Residence (mailing address)  
(If non-resident, give place and State)

Columbia, S. C.

11. Color or race.....

Negro

12. Age at child's birth 30 (years)

13. Birthplace (city or place)  
(State or country)

Bookman, S. C.

OCCUPATION

14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.....

Paper Hanger

15. Industry or business in which  
work done, as silk mill,  
sawmill, bank, etc.....

16. Date (month and year) last  
engaged in this work

Oct. 1942

17. Total time (years)  
spent in this work 20

OCCUPATION

18. Name before  
marriage

### MOTHER

Ellie Jackson

19. Residence (mailing address)  
(If non-resident, give place and State)

Columbia, S. C.

20. Color or race Negro

21. Age at child's birth 23 (years)

22. Birthplace (city or place)  
(State or country)

Columbia, S. C.

23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.....

School teacher

24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.....

25. Date (month and year) last  
engaged in this work

October 14, 1942

26. Total time (years)  
spent in this work 12

27. Number of children of this mother  
(At time of birth and including this child)

(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn,  
period of gestation.....

months  
weeks

29. Cause of stillbirth.....

Before labor.....  
During labor.....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....  
7 a.m. on the date above stated.

(Signed) Ellie Jackson

or Guardian

Address Columbia, S. C.

Filed 10/15, 1942

Registrar.

M. B. Woodward, M.D.