

## (1) PLACE OF BIRTH

County of Florence  
 Township of McMillen

or  
 Inc. Town of  
 or

City of ..... (No. .... St.; ..... Ward)  
 (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

No. — For State Registrar Only

55865

Registration District No. 2071 Registered No. 28  
 (For use of Local Registrar)

(2) Full Name of Child Reddon Louisa Gray { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 16 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Lillston Gregg

(9) PRESENT POSTOFFICE OF FATHER Effingham S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Florence Co

(13) OCCUPATION farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Rebecca Fidelity

(15) PRESENT POSTOFFICE OF MOTHER Effingham S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Florence Co

(19) OCCUPATION domestic wife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:45 P.M. (Born alive or stillborn) (Hour A.M. or P.M.)  
 on the date above stated.

(23) (Signature) J. D. Whitehead M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Lake City S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by (27))

(27) Filed 191 (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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McGraw-Hill  
 McCaw, of Columbia  
 M. B. — In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.