

MAJOR RESERVE FOR BINDING. WRITING PLAINLY. IN CASE OF TWIN OR TRIPLETS, STATE PLACED ALONG WITH EACH CHILD, AND MARK THE FIRST-BORN. NO 1, THIS OTHER, NO 2, ETC. IN QUESTION 5.

(1) PLACE OF BIRTH

County of Marchboro
Township of Bennettville
or
Inc. Town of Bennettville
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19441

Registration District No. 23 A Registered No. 57
(For use of Local Registrar)

City of (No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child L. L. Gregg If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Boy 4 Twin or Triplet? X 5 Number in order of birth X 6 Are Parents Married? No 7 DATE OF BIRTH June 16, 1922
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Edward Smith
9 PRESENT POSTOFFICE OF FATHER Bennettville S.C.
10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 37 (Years)
12 BIRTHPLACE Marchboro Co.
13 OCCUPATION Laborer

MOTHER.

14 NAME BEFORE MARRIAGE Leenie Gregg
15 PRESENT POSTOFFICE OF MOTHER Bennettville S.C.
16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 30 (Years)
18 BIRTHPLACE Williamsburg Co.
19 OCCUPATION Domestic

20 Number of children born to mother, including present birth 2 21 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. A. H. Allen
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 115 Liberty St.

Given name added from a supplemental report

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

(27) Filed July 4, 1922 (28) Mark H. Allen 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.

third month of pregnancy.

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