

(1) PLACE OF BIRTH

County of BeaufortTownship of H. H. Alabama

Inc. Town of

City of

(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

Registration District No. 604

No. for this Register

31163

Registered No. 189
(For use of Local Registrar)(2) Full Name of Child Thomas Gregory

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

(3) SEX OF CHILD boy (4) AGE 4 (5) NUMBER IN ORDER OF BIRTH 1 (6) DATE OF BIRTH Sept 14, 1922
 To be covered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 (7) FULL NAME Wendell Gregory
 (8) PRESENT RESIDENCE OF FATHER Washington, D.C.
 (9) COLOR OR RACE negro (10) AGE AT LAST BIRTHDAY 30
 (11) BIRTHPLACE South Carolina
 (12) OCCUPATION Laborer

MOTHER
 (13) NAME BEFORE MARRIAGE May Fields
 (14) PRESENT RESIDENCE OF MOTHER Frogmorton
 (15) COLOR OR RACE negro (16) AGE AT LAST BIRTHDAY 31
 (17) BIRTHPLACE South Carolina
 (18) OCCUPATION Farmer

(19) Number of children born to mother, including present birth 5
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Venus Brisbane x Frogmorton
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Oct 11, 1922 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.