

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

M. R.

(1) PLACE OF BIRTH
 County of Union
 Township of Bogansville
 or
 Inc. Town of
 or
 City of Buffalo, S.C. (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

File No.—For State Registrar Only
47579

(2) Full Name of Child William White Gregory 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 Jan. 2, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William N. Gregory
 (9) PRESENT POSTOFFICE OF FATHER Buffalo, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Abbingdon, Virginia
 (13) OCCUPATION Mill work

MOTHER.

(14) NAME BEFORE MARRIAGE Millie Byars
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Spartanburg Co. S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:45 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Salley

(24) State whether Physician or Midwife (25) Address of Physician or Midwife M.D. Buffalo, S.C.

Given name added from a supplemental report

June 7, 1916
W. H. McCaw
Registrar

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

(27) Filed Jan 30, 1916 (28) J. H. Woodward Local Reg.

*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 fifth month of pregnancy.

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