

W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark with
FIRST-BORN. No. 1 THE OTHER, No. 2, etc., in question 2.
Because of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richmond

Township of Richmond Range

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. 100

File No.—For State Registrar Only

17122

Registered No. 3739
(For use of Local Registrar)

(2) Full Name of Child J. B. Gregory

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

(3) SEX OR GENE Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29, 1923
(Name of Month; (Day) (Year)

FATHER.

(8) FULL NAME Porter Gregory

(9) PRESENT POSTOFFICE OF FATHER Leeds, #1, S.C.

(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 25
(Year)

(12) BIRTHPLACE Charleston Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lessie Crosby

(15) PRESENT POSTOFFICE OF MOTHER Leeds, #1, S.C.

(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18
(Year)

(18) BIRTHPLACE Charleston Co.

(19) OCCUPATION Farmer's hand

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Myrtle Louise Henderson

(23) State whether Physician or Midwife (24) Address of Physician or Midwife
midwife Leeds #1 S.C.

(Given name added from a supplemental report)

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

(26) Filed July 2, 1923 (27) J. B. Gregory 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.