

Form No. 1

(1) PLACE OF BIRTH

County of Darlington
 Township of Blacksville
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13740

Registration District No. 5-0-4 Registered No. 48
 (For use of Local Registrar)

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? None (5) Number in order of birth First (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20, 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Gregg
 (9) PRESENT POSTOFFICE OF FATHER Blacksville
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)
 (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Reta Bell Childs
 (15) PRESENT POSTOFFICE OF MOTHER Blacksville
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION _____
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella Gregg
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife _____

Given name added from a supplemental report

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

19 _____
 Registrar

(27) Filed June 10, 1922 (28) D. H. Hammond 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.

WRITING PLAINLY, WITH UNFADING INK—ENTER IN A PERMANENT REGISTER, IN CASE OF TWINS OR TRIPLETS, USE "MOTHER HAVE BLANK" FOR EACH CHILD, AND MARK THE FIRST-BORN. COLUMNS: No. 1, FATHER; No. 2, MOTHER; No. 3, CHILD; No. 4, BIRTHPLACE; No. 5, DATE OF BIRTH; No. 6, SEX; No. 7, COLOR OR RACE; No. 8, AGE AT LAST BIRTHDAY; No. 9, OCCUPATION; No. 10, BIRTHPLACE; No. 11, NAME BEFORE MARRIAGE; No. 12, PRESENT POSTOFFICE OF MOTHER; No. 13, PRESENT POSTOFFICE OF FATHER; No. 14, PRESENT POSTOFFICE OF MOTHER; No. 15, PRESENT POSTOFFICE OF FATHER; No. 16, COLOR OR RACE; No. 17, AGE AT LAST BIRTHDAY; No. 18, BIRTHPLACE; No. 19, OCCUPATION; No. 20, NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH; No. 21, NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH; No. 22, I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD, WHO WAS _____ AT _____ ON THE DATE ABOVE STATED; No. 23, (SIGNATURE); No. 24, STATE WHETHER PHYSICIAN OR MIDWIFE; No. 25, ADDRESS OF PHYSICIAN OR MIDWIFE; No. 26, WITNESS; No. 27, FILED; No. 28, LOCAL REGISTRAR.