

THIS IS A PRELIMINARY REPORT. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF REPORTING THE BIRTH OF A CHILD. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. IT IS TO BE USED ONLY FOR THE PURPOSE OF REPORTING THE BIRTH OF A CHILD.

(1) PLACE OF BIRTH

County of Blount

Township of .....

or Town of 11

or City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

William Gregory

(3) SEX Boy (4) Type of Twin Yes (5) Number in order of birth 1 (6) Age at birth 0 (7) DATE OF BIRTH Oct 25 1923 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Gregory  
(9) PRESENT RESIDENCE OF FATHER Blount 16  
(10) COLOR White (11) AGE AT LAST BIRTHDAY 22 (Year)  
(12) BIRTHPLACE GA  
(13) OCCUPATION Travelling State  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(15) NAME BEFORE MARRIAGE Anna Cooper  
(16) PRESENT RESIDENCE OF MOTHER Blount 16  
(17) COLOR White (18) AGE AT LAST BIRTHDAY 23 (Year)  
(19) BIRTHPLACE GA  
(20) OCCUPATION Housewife  
(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 (Date of Birth) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) William Gregory (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blount 16

Given name added from a supplementary report

(26) Witness W. H. Boyd (Signature of Witness necessary only when question 22 is signed by mother)

(27) DATE Oct 30 1923 (28) Local Registrar W. H. Boyd

NOTE: This report should be made by the mother, householder, etc. should make this return. No report is desired of stillbirths or deaths of pregnancy.