

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Spartanburg  
 or  
 City of Spartanburg

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

19067

Registration District No. 40-a Registered No. 248  
 (For use of Local Registrar)

(No. 250... Garnville St.) ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child John James Gregory If child is not yet named, make supplemental report as directed

(2) SEX OR GUY Boy (4) Twin or Triplet — (5) Number in order of birth 8 (6) Are Parents Married Yes (7) DATE OF BIRTH June 18 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Fred McDowell Gregory</u>	(14) NAME BEFORE MARRIAGE <u>Bethie L. Behoin</u>	(10) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Year)
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Year)	(18) BIRTHPLACE <u>Burcombe Co. N.C.</u>
(12) BIRTHPLACE <u>Union Co. N.C.</u>	(16) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Milk operator</u>	(21) Number of children of this mother now living, including present birth <u>7</u>
(20) Number of children born to mother, including present birth <u>8</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour) (P.M.)

(23) (Signature) Wm. Nelson M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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

(27) Filed 7-1-23 Gas. Caprio 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.

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