

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-For Each Registered Child

28268

County of AlbanyTownship of AlbanyCity of AlbanyRegistration District No. 20Registered No. 314

(For use of Local Registrar)

(No. 8242 Elm St.)

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

(2) Full Name of Child Mary E. Grogg If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>girl</u>	(4) TIME OF BIRTH <u>10:30</u>	(5) MONTH OF BIRTH <u>Sept.</u>	(6) DAY OF BIRTH <u>30</u>	(7) YEAR OF BIRTH <u>1923</u>
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FATHER.

(8) FULL NAME D. E. Grogg

(9) PRESENT RESIDENCE OF FATHER Albany

(10) COLOR OR RACE Colored

(11) DATE AT LAST BIRTHDAY 19

(12) BIRTHPLACE S. C.

(13) OCCUPATION Domestic

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) FULL NAME Asylee Grogg

(16) PRESENT RESIDENCE OF MOTHER Albany

(17) COLOR OR RACE Colored

(18) DATE AT LAST BIRTHDAY 19

(19) BIRTHPLACE S. C.

(20) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated. (Keep alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mary M. Williams(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Albany

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 1 1923 (28) P. A. Pughman

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the sixth month of pregnancy.