

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Campobello*
 OF
 Inc. Town of *Campobello*
 OF
 City of

CERTIFICATE OF BIRTH

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

No. 33.—For State Registry Only
 37850 X

Registration District No. *4001* Registered No. *121*.....
 (For use of Local Registrar)

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

(2) Full Name of Child *Mary Elizabeth Gregory* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* DATE OF BIRTH *Oct 5 1923*
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Mary Gregory*

(9) PRESENT POSTOFFICE OF FATHER *Campobello S.C.*

(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *26*
 (Year)

(12) BIRTHPLACE *SC*

(13) OCCUPATION *Farmer*

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

MOTHER

(14) NAME BEFORE MARRIAGE *Mary Davis*

(15) PRESENT POSTOFFICE OF MOTHER *Campobello S.C.*

(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *21*
 (Year)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Domestic*

(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 alive* at *11 PM* on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) *Chas. L. Co. Stevens*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician Campobello S.C.*

Given name added from a supplemental report

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

(27) Filed *12/1* to *23* (28) *G. L. Mayberry* 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.

IF A CHILD BREATHES EVEN ONCE, IT MUST NOT BE REPORTED AS STILLBORN BEFORE THE FIFTH MONTH OF PREGNANCY.