

(1) PLACE OF BIRTH

County of *Richmond Co.*Township of *Central*or
In Town of *Calhoun*or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42810

Registration District No. *3208* Registered No. *217*
(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.)Full Name of Child *Virginia Gregory* If child is not yet named, make supplemental report as directed(4) Twin *Single* (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb. 28* 19*23*
(Name of Month) (Day) (Year)FATHER.
FULL NAME *Walter Gregory*
PRESENT POSTOFFICE *Calhoun SC*
COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28* (Years)
BIRTHPLACE *SC*
OCCUPATION *Student*
Number of children born to _____
Number of children present birth *6*MOTHER.
(14) NAME BEFORE MARRIAGE *Zula B. Harrison*
(15) PRESENT POSTOFFICE OF MOTHER *Calhoun SC*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *25* (Years)
(18) BIRTHPLACE *SC*
(19) OCCUPATION *Mother & Housekeeper*
(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) *W. W. Mathison* (25) Address of Physician or Midwife
(24) State whether Physician or Midwife *Physician* *Calhoun Calhoun SC*

See State Board of Health from a supplemental report

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

(27) Filed *Dec 24 1923* (28) *J. H. Beachler* Local Registrar

The attending physician or midwife, then the father, householder, etc., should make this return. If it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.