

(1) PLACE OF BIRTH

County of

Greenville

Township of

Parson

Inc. Town of

or  
City of

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

Registration District No.

2214

Registered No.

20

(For use of Local Registrar)

(2) Full Name of Child

Estay Jerome Gregg

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

June 27 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Wm. Linckney Gregg

(14) NAME BEFORE MARRIAGE

Ola Leuloh Finch

(9) PRESENT POSTOFFICE OF FATHER

Travelers Rest

(15) PRESENT POSTOFFICE OF MOTHER

Ponce

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

27 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27 (Years)

(12) BIRTHPLACE

Cherokee Co Ga

(18) BIRTHPLACE

Spartanburg Co SC

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housework

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 7 1916

(28)

John B. Hester

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.

N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.