

(1) PLACE OF BIRTH

County of HartsvilleTownship of Cherokeeor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 5241Registration District No. 4002.3 Registered No. 11
(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.)(2) Full Name of Child J. B. Gregory If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 9 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Arthur Gregory
(9) PRESENT POSTOFFICE OF FATHER Maya S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
MOTHER.
(14) NAME BEFORE MARRIAGE Melzie Canfield
(15) PRESENT POSTOFFICE OF MOTHER Maya S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 6 (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 6 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. V. Smith, M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Maya S.C.Given name added from a supplemental report
(26) Witness H. V. Smith
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Mar 19 1923 (28) 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.