

(1) PLACE OF BIRTH

County of Heaven
Township of Heaven
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
10092

Registration District No. Registered No. 28
(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 Genevieve Gregory (If child is not yet named, make supplemental report as directed)

(3) SEX, OR GAY girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 20, 22
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME George A. Gregory
(9) PRESENT POSTOFFICE OF FATHER Waco, Va
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Waco, Va
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Gregory
(15) PRESENT POSTOFFICE OF MOTHER Sheepers Va
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Sheepers Va
(19) OCCUPATION Farmer (wage)
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phelia Deacon
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
.....
19.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
.....
(27) Filed 19..... (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.