

(1) PLACE OF BIRTH

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

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

1. SEX, OR Girl 2. TWINS OR TRIPLETS No 3. Number in order of birth 1 4. Are Parents Married? Yes 5. DATE OF BIRTH Oct 1 1922
 (Name of Month) (Day) (Year)

FATHER.

6. FULL NAME Walter C. Gregory
 7. PRESENT POSTOFFICE OF FATHER Heard
 8. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
 9. BIRTHPLACE Heard
 10. OCCUPATION Farmer
 12. Number of children born to mother, including present birth 1

MOTHER.

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Amelena Gregory at Heard, S. C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Philip D. ...

(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)

19. Registrar

(27) Filed

19

(28)

Local Registrar

When there was no attending physician or midwife, then the father, household, 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.