

## (1) PLACE OF BIRTH

County of ThomsonvilleTownship TIMMONSVILLE, S. O.

Inc. Town of.....

City of.....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar

42480

Registration District No. 2015 Registered No. 109.....  
(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 Grace Vernell Gressette (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME H. Gressette(9) PRESENT POSTOFFICE OF FATHER TIMMONSVILLE, S. O.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Broussard SC(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Bryson(15) PRESENT POSTOFFICE OF MOTHER TIMMONSVILLE, S. O.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Crawford SC(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Houch(24) State whether Physician or Midwife (25) Address of Physician or Midwife TIMMONSVILLE, S. O.

Given name added from a supplemental report

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

(27) Full Name Dec 27, 1922 (28) Local Registrar R. H. Nelson

\*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.

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