

(1) PLACE OF BIRTH

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

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

(2) Full Name of Child

Elizabeth Ann Gregg

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 30, 1922
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER
 8) FULL NAME Robert L. Gregg
 9) PRESENT POSTOFFICE OF FATHER York P.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 27
 12) BIRTHPLACE Shelby N.C.
 13) OCCUPATION Electrician
 20) Number of children born to mother, including present birth 1

MOTHER
 14) NAME BEFORE MARRIAGE Mary F. Gadsden
 15) PRESENT POSTOFFICE OF MOTHER York P.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22
 18) BIRTHPLACE Gafney
 19) OCCUPATION Housewife
 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 at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John D. Lamm

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York P.C.

Given name added from a supplemental report

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

(27) Filed Oct 9, 1922 (28) Local Health Officer

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32693

Registration District No. 1 Registered No. 1
 (For use of Local Registrar)

St.; Ward)