

(1) PLACE OF BIRTH

County of Darrem
Township of Cross Hill
or
Inc. Town of Cross Hill
or
City of

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

File No.—For State Registrar Only
30953

Registration District No. 2900 Registered No. 34
(For use of Local Registrar)

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

(2) Full Name of Child

Mary Dale

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

(3) BOY OR GIRL

(4) Twin or Triplet?

Number in order of birth
To be answered only in event of Twin or Triplets

(5) Are Parents Married?

(6) DATE OF BIRTH

Sept 12 1922
(Month) (Day) (Year)

(8) FULL NAME

FATHER

Wade S. Gregory

(9) PRESENT POSTOFFICE OF FATHER

Cross Hill S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

44
(Years)

(12) BIRTHPLACE

Lexington S.C.

(13) OCCUPATION

Steforeman

(20) Number of children born to mother, including present birth

17

MOTHER

(14) NAME BEFORE MARRIAGE

Anna Sot

(15) PRESENT POSTOFFICE OF MOTHER

Cross Hill S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Lexington S.C.

(19) OCCUPATION

none

(21) Number of children of this mother now living, including present birth

18

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was.... born..... Sept 9..... 1922..... at 12:15 PM.....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Emeline Boyd

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Cross Hill S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 12 1922

(28)

D. B. Gordon

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.

REMARKS: No. 1. Fill other, No. 2, etc., in question 5.
BUREAU OF COLUMBIA, COLUMBIA, S. C.