

## (1) PLACE OF BIRTH

County of UnionTownship of Lincolntonor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
**75023**Registration District No. 42nd Registered No. 23

(For use of Local Registrar)

(2) Full Name of Child. Bessie Louise Gregory If child is not yet named, make supplemental report as directed(3) BOY OR  
GIRL? Girl(4) Twin  
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH May 31, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMELouis Gregory(9) PRESENT  
POSTOFFICE  
OF FATHERKelton R 7. D #2(10) COLOR  
OR  
RACEWhite(11) AGE AT LAST  
BIRTHDAY29  
(Years)

(12) BIRTHPLACE

Union Co

(13) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth{ ..... 3 .....

## MOTHER.

(14) NAME BEFORE  
MARRIAGEMay Cudd(15) PRESENT  
POSTOFFICE  
OF MOTHERKelton R 7. D #2(16) COLOR  
OR  
RACEWhite(17) AGE AT LAST  
BIRTHDAY23  
(Years)

(18) BIRTHPLACE

Union Co

(19) OCCUPATION

House wife(21) Number of children of this mother  
now living, including present birth{ ..... 3 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 am M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Murray M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianLockhart St.Given name added from a supplemen-  
tal report

....., 191.....

Registrar

(26) Witness .....  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Aug 11, 1916. (28) D. J. Galt 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.MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.