

(1) PLACE OF BIRTH

County of MaconTownship of MaconInc. Town of MaconCity of Macon

(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

28200

Registration District No. 4207 Registered No. 551
(For use of Local Registrar)

(2) Full Name of Child

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 10-7-22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Miss R. Gregory(9) PRESENT POSTOFFICE OF FATHER Macon(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Macon, Ga.(13) OCCUPATION Miss Gregory(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Maudie Jeff(15) PRESENT POSTOFFICE OF MOTHER Macon, Ga.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Spartanburg, S.C.(19) OCCUPATION Domestic(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 born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 10:20 A.M.(23) (Signature) D. W. Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 102 S. 1st St.

Given name added from a supplemental report

T. W. Anderson10-10-22 1922 Registrar

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

(27) Filed 9-11-22 (28) D. W. Moore 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.