

FORM NO. 2

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town of
or

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

71312

Registration District No. 311 Registered No. G.O.
(For use of Local Registrar)(2) Full Name of Child Willie Mae Gregg } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents married? (7) DATE OF BIRTH (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Bill Gregg</u>	(14) NAME BEFORE MARRIAGE	<u>Theola Jordan</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Star SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE	<u>colored</u>	(16) COLOR OR RACE	<u>colored</u>
(11) AGE AT LAST BIRTHDAY	<u>22</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>18</u> (Years)
(12) BIRTHPLACE	<u>Anderson Co SC</u>	(18) BIRTHPLACE	<u>Abbeville Co SC</u>
(13) OCCUPATION	<u>farm hand</u>	(19) OCCUPATION	<u>house keeper</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Jane Lillard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Star SC

Given name added from a supplemental report

191...

Registar

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

(27) Filed Sept 2 1911 (28) J. A. Jones 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 stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH ENCASED INC.—THIS IS A PERMANENT RECORD. N. H.—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. McCay, of Columbia.