

Form No 1.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Beach Spring

Inc. Town of .....

City of ..... (No. .... St.; .... Ward)  
(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

66178

Registration District No. 40 C Registered No. 78  
(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? Twin (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. S. Gregory

(9) PRESENT POSTOFFICE OF FATHER Irmaux

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36  
(Years)

(12) BIRTHPLACE Union Co. S.C.

(13) OCCUPATION Overseer Cloth Round Collar Mfg.

(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Keturah Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER Irmaux

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Years)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. J. Chapman, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Irmaux

Given name added from a supplemental report

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

Registrar

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

(27) Filed June 6, 1916 (28) W. J. Chapman 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia