

Form No 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Spartanburg

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

66178

Township of Beech Spring

Inc. Town of Registration District No. 40 @

Registered No. 98
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? None (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 1911
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>C. S. Gregory</u>	(14) NAME BEFORE MARRIAGE <u>Keturah Littlejohn</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Irmauld</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Irmauld</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(12) BIRTHPLACE <u>Union Co. S.C.</u>	(18) BIRTHPLACE <u>Spartanburg Co.</u>	(13) OCCUPATION <u>Overseer Cloth Room Collar Mfg.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

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 Irmauld

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 11 1911 (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.

M. 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.