

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING 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 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		44837	
Township of <u>Prichard</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>4-2-2-2</u>		Registered No. <u>6</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>William Nathaniel Gregory</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of brr.	(6) Are Parents Married	(7) DATE OF BIRTH	
	To be answered only in case of Twin or Triplet			<u>Dec 24 1923</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Erroy Gregory</u>			(14) NAME BEFORE MARRIAGE <u>Efferioncy</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lockhart S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lockhart S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>21</u>			(17) AGE AT LAST BIRTHDAY <u>18</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Milk</u>			(19) OCCUPATION <u>Domestic</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 at <u>4 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>W. T. Hefner</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Lockhart S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>MAR 19 1924</u>		
Registrar			(28) <u>W. T. Hefner</u> 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.

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