

(1) PLACE OF BIRTH

County of AchesonTownship of Madison

Inc. Town of

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 HealthRegistration District No. 265 Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make
supplemental report as directed(a) BOY OR GIRL Boy (b) Type or Trade — (c) Number in order of birth — (d) Sex Male (e) Date of birth Feb 4 1923
(To be entered only in case of Type or Trade)

FATHER.

(a) FULL NAME Henry alvin Gries(b) PRESENT POSTOFFICE OF FATHER Montmorenci, S.C.(c) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Harmer(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Ruth Scott(15) PRESENT POSTOFFICE OF MOTHER Montmorenci S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Whitlock, M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fishingsville, S.C.

Given name added from a questionnaire report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Apr 15 1923 (28) D. L. W. M. 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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