

Form No. 3

(1) PLACE OF BIRTH

County of *Edgefield*Township of *Collins*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

3703

Registration District No. *1802*Registered No. *2*
(For use of Local Registrar)

(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 *Martha Gregory*

If child is not yet named, make supplemental report as directed

(a) BOY OR GIRL
girl(b) Twin or Triplet
To be answered only in event of Twin or Triplet

(c) Number in order of birth

(d) Sex
yes(e) DATE OF BIRTH *Feb 3 1923*
(Name of Month) (Day) (Year)

FATHER.

(a) FULL NAME *Harry Howard Gregory*(b) PRESENT POSTOFFICE OF FATHER *Wadoc, SC Rt 1*(c) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Year)(12) BIRTHPLACE *Charlottesville, CO-SC*(13) OCCUPATION *Minister*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Blanch Freyer*(15) PRESENT POSTOFFICE OF MOTHER *Wadoc, SC Rt 1*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *29* (Year)(18) BIRTHPLACE *Charlottesville, CO-SC*(19) OCCUPATION *House Wifery*(21) Number of children of this mother now living, including present birth *Five*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

Given name added from a supplemental report

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

(27) Date *Feb 23 1923* (28) Local Registrar *Wadoc, SC*

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the sixth month of pregnancy.