

(1) PLACE OF BIRTH

County of SumterTownship of Sumteror
Inc. Town of Sumteror
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 Health

File No. For State Registrar Only

66464

Registration District No. 4108Registered No. Sumter
(For use of Local Registrar)

(2) Full Name of Child

Quatian J. Gregg

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

(1) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 1

(Name of Month)

(Day)

(Year)

FATHER.

(8) FULL NAME

William Jonathan Gregg

(9) PRESENT POSTOFFICE OF FATHER

Sumter

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38 4/3

(Years)

(12) BIRTHPLACE

Sumter S.C.

(13) OCCUPATION

Farmer

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

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Lou Oma Mack

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

48

(Years)

(18) BIRTHPLACE

Sumter

(19) OCCUPATION

Farmer

(20) 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 at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sallie White

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sumter

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 1, 1918

(28) Local Registrar

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

BEARING REGISTERED WITH BIRTHING.

WRITING MAINLY. WITH UNFADING INK. THIS IS A PRECAUTION TO BE TAKEN.

M. H.—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.

County of Columbia