

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 5.

(1) PLACE OF BIRTH

County of Flour

Township of McMullan

or
Inc. Town of Flour

or
City of Flour

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Ann Elizabeth Gregg

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Oct 28 1916
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

(8) FULL NAME OF FATHER Thos M Gregg

(9) PRESENT POSTOFFICE OF FATHER Flour RFD

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33
(Years)

(12) BIRTHPLACE Flour SC

(13) OCCUPATION Farmer

(14) NAME BEFORE MARRIAGE Mattie Brown

(15) PRESENT POSTOFFICE OF MOTHER Flour RFD

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Flour SC

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth

(21) Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) G M Master

(24) State where Physician or Midwife Flour SC

(25) Address of Physician or Midwife Flour RFD

Given name added from a supplemental report

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

(27) Filed 19 (28) 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

85632

Registration District No. 2011 Registered No. 15
(For use of Local Registrar)

St.; Ward)

(No. St.; Ward)

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(5) Number in order of birth

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