

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Paeslit  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

32302

Registration District No. 4006Registered No. 120  
(For use of Local Registrar)

City of ..... (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 Harvie Gregory

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Parents Married? yes

(7) DATE OF BIRTH

9-7-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

B. Valentine

(9) PRESENT POSTOFFICE OF FATHER

Trough, L.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29  
(Years)

(12) BIRTHPLACE

S.C. Tenn.

(13) OCCUPATION

Millwork

## MOTHER.

(14) NAME BEFORE MARRIAGE

Norrie Gregory

(15) PRESENT POSTOFFICE OF MOTHER

Trough, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was: born at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) M. S. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. S. ... S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct. 1, 1922

(28)

M. W. Brown

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.

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.