

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town ofCity of Greenville

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

(2) Full Name of Child

Char Crawford Regaldeford(3) BOY OR
GIRLgirl(4) Twin
or TripletNo(5) Number in
order of birth1(6) Are
Parents
Marriedyes(7) DATE OF
BIRTHFeb. 21, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEWilliam Regaldeford(9) PRESENT
POSTOFFICE
OF FATHERWoodside(10) COLOR
OR
RACEW(11) AGE AT LAST
BIRTHDAY24

(12) BIRTHPLACE

unknown S.C.

(13) OCCUPATION

mill employee(20) Number of children born to
mother, including present birth2

MOTHER

(14) NAME BEFORE
MARRIAGEBonnie Fox(15) PRESENT
POSTOFFICE
OF MOTHERWoodside(16) COLOR
OR
RACEW(17) AGE AT LAST
BIRTHDAY19

(18) BIRTHPLACE

Asheville N.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive as 11 hrs.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether

J. D. GussPhysician or Midwife

(25) Address of Physician or Midwife

for Mr. M. J. GussGiven name added from a supplement
report

(26) Witness

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

(27) Date

May 8, 1922

(28)

A. H. Mackey

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.

File 12-19-41 Martin R. Vogtward, M.D.