

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Anderson STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

Township of Savannah State Board of HealthFile No. For State Registrar Only
58579

Inc. Town of

Registration District No. 311Registered No. 30

(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

Lilly May Gregg

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Johnny Gregg

(14) NAME BEFORE MARRIAGE

Eva Stowers

(9) PRESENT POSTOFFICE OF FATHER

Starr S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Starr S.C.

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

21 (Years)

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

17 (Years)

(12) BIRTHPLACE

Anderson Co. S.C.

(18) BIRTHPLACE

Anderson Co. S.C.

(13) OCCUPATION

farm hand

(19) OCCUPATION

housekeeper

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

}

1

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

}

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

J. A. Gilliland

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

reborn made by father of child Starr S.C.

(26) Witness

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

(27) Filed May 25 1916

(28)

J. A. Jones

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.

MARGIN RESERVED FOR SEPARATE RECORDING.
WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McClary, of Columbia.