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U. S. Dept. of Commerce  
Bureau of the Census

## 1. PLACE OF BIRTH

County of Aiken

Township of .....

or  
Inc. Town of Clearwater S.C.or  
City of .....

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 213

FILE No. For State Registrar Only

05418

Registered No. ....  
(For use of Local Registrar)(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 Frances Zoe Audrey Gregory } If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl } If Plural births } 4. Twins, triplets or other... X } 5. Number, in order of birth... X } 6. Premature... } 7. Are Parents } 8. Date of birth Oct 11, 1946  
Full term... } Married? yes } (Month, day, year)9. Full name Lewis Oscar Gregory FATHER } 18. Name before marriage Dora Bell Richardson MOTHER10. Residence (mailing address) Clearwater S.C. } 19. Residence (mailing address) Clearwater S.C.  
(If non-resident, give place and State) } (If non-resident, give place and State)11. Color or race W. } 12. Age at last birthday 36 (years) } 20. Color or race W. } 21. Age at last birthday 30 (years)13. Birthplace (city or place) Mount Vernon, Ill. } 22. Birthplace (city or place) Johnston S.C.  
(State or country) } (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optician } 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Optician } 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife16. Date (month and year) last engaged in this work Oct 11, 1946 } 17. Total time (years) spent in this work 15 } 25. Date (month and year) last engaged in this work Oct 11, 1946 } 26. Total time (years) spent in this work 1027. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living... 7 (b) Born alive but now dead... 1 (c) Stillborn... ..

28. If stillborn, period of gestation... } months } weeks } 29. Cause of stillbirth... } Before labor... } During labor... }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }Given name added from  
a supplementary report.....  
(Date of).....

State Registrar

(Signed) Mrs. Sara Bell Richardson Gregory  
Parent  
of....., GuardianAddress.....  
Filed 11/17, 1948 Thos. P. Lesesne  
Local Registrar aihMARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.