

**(1) PLACE OF BIRTH**

County of Cherokee  
Township of Morgan  
or  
Inc. Town of .....  
or  
City of .....

# CERTIFICATE OF BIRTH

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

Registration District No. 1004

File No.—For State Registrar Only

41545

Registered No. 19  
(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**

of other institution, give name of same instead of street and number,  
*Clara, Irene, Clara* If child is not yet named, make  
 a supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth
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To be answered only in event of Twins or Triplets

(8) **Are Parents Married?**

DATE OF BIRTH. Dec 14, 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME William, E. Clark

9) PRESENT POSTOFFICE OF FATHER *Gaffney, E.C., #1*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *33* (Years)

(12) BIRTHPLACE *LC*

(13) OCCUPATION *Farmer*

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

**MOTHERS**

(14) NAME BEFORE MARRIAGE *Mrs. L. S. Surrall*

(15) PRESENT POSTOFFICE OF MOTHER *Gaffney, Sp #*

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(10) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(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 alive at 4-0 M.  
on the date above stated. Normal live or stillborn (Hour A. M. or P. M.)

(23) (Signature) Lancey X. Hootch  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1001 N. 1st St. S.

(24) State whether Physician or Nurse Address of Physician or Nurse  
Saffrey, E. W.

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 (28) J. Gardner  
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.