

(1) PLACE OF BIRTH

County of CherokeeTownship of Done

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

801

Registration District No. 1203Registered No. 12
(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

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

(3) BOY OR GIRL Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan. 14, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William H. Gordon(9) PRESENT POSTOFFICE OF FATHER McFarlan, N.C. R. 1.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Westfield, C. S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah A. Sweeney(15) PRESENT POSTOFFICE OF MOTHER McFarlan, N.C. R. 1.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Westfield, C. S. C.(19) OCCUPATION Farming(20) 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 4:50 A.M. on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sally Sweeney(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife McFarlan, N.C. R. 1.

Given name added from a supplemental report

(26) Witness P. J. Sweeney

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

(27) Filed Jan. 16, 1923(28) W. S. Watson 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 RETURN.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A blank use of space on this form is to be reserved for a separate blank for each child, and must be filled out in every case.

THE OTHER NO. 2, etc., in question 1.

RECORD OF BIRTHS, DEATHS, AND MARRIAGES.