

MARGIN RESERVED FOR BINDING.
WHICH CLAIMS, WITH EXPLAINING INFO.—THIS IS A REQUIREMENT REQUIRED
IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, No. 1, THIS OTHER, No. 2, ETC., IN QUESTION 8.
RECORD OF BIRTHS, COUNTY, S. C.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 10.2 Registrar No. 20
(For use of Local Registrar)

File No.—For State Registrar Only
8531

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

(2) Full Name of Child Clara Elizabeth

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth No (6) Any Parasite Married No (7) DATE OF BIRTH Feb 5 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Shelbie Byars
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32
(12) BIRTHPLACE Gaffney
(13) OCCUPATION Woods
(14) Number of children born to mother, including present birth Three

MOTHER.
(15) NAME BEFORE MARRIAGE Minnie Davis
(16) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 28
(19) BIRTHPLACE Gaffney
(20) OCCUPATION Washing
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.)
on the date above stated Feb 5 1922 (Signature) Clara Johnson

(23) State, whether Physician or Midwife (24) Address of Physician or Midwife
Midwife Gaffney S.C.

Given name added from a supplemental report
(25) Witness Smith (Signature of Witness necessary only when question 23 is signed by mark)
(26) File 10-22 (27) No. 1 Smith 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.