

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.

(1) PLACE OF BIRTH

County of Sherokee

Township of

or
Inc. Town of Gaffney

or
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25308

Registration District No. 10a Registered No. 191
(For use of Local Registrar)

(2) Full Name of Child Nathaniel Lee Doven

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 29</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Alfred Curtis Doven

(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Flores T.C.

(13) OCCUPATION Druggist

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Clara Weston

(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years)

(18) BIRTHPLACE Pickens Co.

(19) OCCUPATION ✓

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ray B. Turner, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filled Sept. 11 1922 (28) W. F. 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.

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