

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Marion*

Inn. Town of .....

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 this certificate

44400

Registration District No. *40000* Registered No. *43*

(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX *Boy* (4) Twin or triplet? *X* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 27 23*  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME *William Keller*  
 (9) PRESENT POSTOFFICE OF FATHER *Gaffney S.C. R9*  
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *20* (Years)  
 (12) BIRTHPLACE *S.C.*  
 (13) OCCUPATION *Farmer*  
 (14) Number of children born to mother, including present birth *1*

MOTHER  
 (14) NAME BEFORE MARRIAGE *Ola Hurdley*  
 (15) PRESENT POSTOFFICE OF MOTHER *Gaffney S.C.*  
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)  
 (18) BIRTHPLACE *S.C.*  
 (19) OCCUPATION *House wife*  
 (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 *born* at *8:30 a* M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *J. H. Anderson*  
 (24) (Signature of Physician or Midwife) *Chas. H.*

Given name added from a supplemental report

.....  
 Registrar

(25) Witness (Signature of Witness necessary only when question 22 is signed by child)  
 (26) *575724* (27) *B. H. Anderson* 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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