

MARGIN RESERVED FOR INDEXING.

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

Township of Morgau

Inc. Town of X

City of X

(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

700

Registration District No. 004-B Registered No. 3
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 28, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Andrew M. (Paw)</u>			(14) NAME BEFORE MARRIAGE <u>Cora Gossett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. R9</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. R9</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(16) COLOR OR RACE <u>white</u>		
(12) BIRTHPLACE <u>S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1230 P.M. on the date above stated. (Born alive or stillborn: (Hour) (M. or P. M.))

(23) (Signature) J. B. East
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report
(26) With whom (Signature of Witness necessary only when question 22 is signed "X")
(27) Time 10 (28) Place at (29) at home

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even for a few minutes, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child breathes even for a few minutes, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Form 5-5

10