

## (1) PLACE OF BIRTH

County of

Cherokee

Township of

Limestone

or

Inc. Town of

Gaffney

or

City of

Gaffney

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

(2) Full Name of Child. . . . .

Ola . . . . . Ilnate

File No.—For State Registrar Only

59123

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 1013 Registered No. 28

(For use of Local Registrar)

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

(1) BOY OR GIRL? Girl	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? m	(7) DATE OF BIRTH 3, 24, 1916
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME illegitimate	(14) NAME BEFORE MARRIAGE ola Harris
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.	(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(10) COLOR white	(16) COLOR white
(11) AGE AT LAST BIRTHDAY 16	(17) AGE AT LAST BIRTHDAY 16
(12) BIRTHPLACE Cherokee Co S.C.	(18) BIRTHPLACE Spt Co
(13) OCCUPATION House work	(19) OCCUPATION House Keeper
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE	(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR	(17) AGE AT LAST BIRTHDAY
(18) BIRTHPLACE	(19) OCCUPATION
(20) Number of children born to mother, including present birth	(21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Gaffney

(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) Filed June 22, 1916 (28) H. B. Pritchard 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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WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 M. 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.  
 McCaw, of Columbia.