

W. 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 ... *Charleston* ...

Township of ... *Townsend* ...

Inc. Town of ...

City of ... *Gaffney S.C.* ...

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

(2) Full Name of Child

James Boyce Gaffney S.C.

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Boyce Gaffney

(9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Gaffney S.C.

(13) OCCUPATION

Cashier Oil Mill.

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Johnson Mann

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Charlotte N.C.

(19) OCCUPATION

House wife.

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.

(23) (Signature)

(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

Jan 10 1923

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

File No.—For State Registrar Only
41454

Registration District No. *10A*

Registered No. *269*
(For use of Local Registrar)

(No. *218* *Gaffney S.C.* St.; *5* Ward)