

CERTIFICATE OF BIRTH

File No.—for State Registrar Only

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. 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

Registration District No. 10A Registered No. 207

(For use of Local Registrar)

File No.—for State Registrar Only

31523

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Apr 9 1923

FATHER. (8) FULL NAME J. A. Gratten (9) PRESENT POSTOFFICE OF FATHER Goffney SC (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (12) BIRTHPLACE SC (13) OCCUPATION Farmer

MOTHER. (14) NAME BEFORE MARRIAGE Marion Lipscomb (15) PRESENT POSTOFFICE OF MOTHER Goffney SC (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (18) BIRTHPLACE SC (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2 A. M. on the date above stated. (Born Living) (Born A. M. or P. M.)

(23) (Signature) Laurel Gratten

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

(25) Witness W. J. Smith (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Nov 10 1923 (27) Local Registrar W. J. Smith

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.