

## (1) PLACE OF BIRTH

County of

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.

File No. - For State Registrar Only

27639

Registered No.

(For use of Local Registrar)

## (2) Full Name of Child

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

3. BOY OR GIRL

Girl

4. Twin or Triplet?

To be answered only in event of Twin or Triplet

5. Number in order of birth

4

6. Are Parents Married?

Yes

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

11-25-23

## FATHER.

8. FULL NAME

Fred Gaffney

9. PRESENT POSTOFFICE OF FATHER

R. 4 Gaffney S.C.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

41

12. BIRTHPLACE

S.C.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth

1

## MOTHER.

14. NAME BEFORE MARRIAGE

Leila Mathis

15. PRESENT POSTOFFICE OF MOTHER

R. 4 Gaffney S.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

35

18. BIRTHPLACE

S.C.

19. OCCUPATION

Domestic

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

H. L. Kirkpatrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.

Gaffney S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Oct. 1, 1923

(28) Filed

Oct. 1, 1923

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.