

(1) PLACE OF BIRTH

County of Cherokee

Township of

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88880

Registration District No. 10Registered No. 194

(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? Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 22, 1916
 To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Benjamin Franklin (14) NAME BEFORE MARRIAGE Della Jenkins(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C. (15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years) (Years)(12) BIRTHPLACE Cherokee Co. S.C. (18) BIRTHPLACE Richmond Co. N.C.(13) OCCUPATION Mechanic (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. J. Patten(24) State whether Physician or Midwife (25) Address of Physician or Midwife 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 12/22/16 (28) M. J. 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.

THIS IS A PREPARED BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.