CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
14178-A

(1) PLACE OF BIRTH
County of Churoke
Township of Morgan
or
Inc. Town of ..... Registration District No. ~~[illegible]~~ 10042 Registered No. 211
(For use of Local Registrar)
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

~~BOY OR~~ GIRL? Girl | (4) Twin or Triplet? X | (5) Number in order of birth 1 (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH May 5 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James K. Godfrey.
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. R9
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Huldah Rupe
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C. R9
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born dead (Born alive or stillborn) strangulated by Cord at 2:30 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. B. Cash
(24) State whether Physician or Midwife Physician
(25) Address of Physician or Midwife Chesnee S.C.

When name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed Aug 9 1922 (28) W. D. Hill
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.