

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Amistad  
 or  
 Inc. Town of .....  
 or  
 City of Gaffney  
 (If birth occurs in 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

17980

Registration District No. 102Registered No. 131  
(For use of Local Registrar)(No. Johnson St. .... Ward)

## (2) Full Name of Child

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

3) BOY OR GIRL

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

June 8, 1922

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

12) BIRTHPLACE

13) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

Born alive or stillborn) (Hour .....

(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

(28) 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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