

MARGIN RESERVED FOR BUNDLING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Moregan
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
706

Registration District No. 1004-3 Registered No. 24
 (For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL GIRL (4) Twin or Triplet? — (5) Number in order of birth 4 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 27, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Briggett Scruggs
 (9) PRESENT POSTOFFICE OF FATHER Gaffney RT 109
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Viola Williams
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney RT 109
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housekeeping
 (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 33 years old at A.M., on the date above stated. (Born alive or stillborn) (Hour * M. or P. M.)

(23) (Signature) E. H. Fennell
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Physician, Cherokee, S.C.

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed 2 10 22 (28) Local Registrar B. Scruggs

*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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