

Form No. 8

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Limestone  
 or  
 Inc. Town of Gaffney  
 or  
 City of Asheville

## CERTIFICATE OF BIRTH

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

FILE NO. For State Registrar Only

27605

Registration District No. 102 Registered No. 199  
 (For use of Local Registrar.)

(2) Full Name of Child Williamson Craig (No. 4 Ward 4)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Boy

(4) Twin Single (5) Number in order of birth 11  
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 27, 23  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Thomas C. Craig(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Years)

(12) BIRTHPLACE Burman Co N.C.(13) OCCUPATION Cotton mill work(20) Number of children born to mother, including present birth 11

## MOTHER

(14) NAME BEFORE MARRIAGE Carrie Garrison(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37  
 (Years)

(18) BIRTHPLACE Burman Co N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Dr. J. W. Smith, 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 10/10 23 S. V. 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 6th month of pregnancy.