

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Pinebluffs  
 or  
 Inc. Town of .....  
 or  
 City of Gaffney  
 (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  
**17964**

Registration District No. 10A Registered No. 142  
 (For use of Local Registrar)

(No. 808 Union St.; ..... Ward)  
 (If child is not yet named, make supplemental report as directed)

## (2) Full Name of Child

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>June 20</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Bernjamin Wofford Clay</u>			14) NAME BEFORE MARRIAGE <u>Edith Lucile Swinson</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	16) COLOR OR RACE <u>White</u>		
12) BIRTHPLACE <u>Cherokee Co. N.C.</u>		17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	18) BIRTHPLACE <u>Soluda Co. N.C.</u>	
13) OCCUPATION <u>Inv. Salesman</u>			19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Alive ..... at 9 P. ..... M.  
 on the date above stated. (Born alive or stillborn) (Hour) (M. or P.)

(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 7/10 1922 (28) M. F. Smith  
 Registrar 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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