

FORM NO. 1.

(1) PLACE OF BIRTH

County of Cherokee
Township of Linestoneor
Inc. Town ofor
City of

(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

71916

Registration District No. 1002Registered No. 109

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Louise Avery

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Adolphus Avery

(9) PRESENT POSTOFFICE OF FATHER

Gaffney

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Cherokee Co. SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Cherokee Co. SC

(19) OCCUPATION

Farmer

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

One

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. (Born alive or stillborn) (Hour A.M. or P.M.) on the date above stated.(23) (Signature) Amie M. Hardin, Midwife

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness

Jennie Gaffney
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25 1916

(28)

H. D. Putnam
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—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 5.

McCaw, of Columbia.