

PLACE OF BIRTH
 County of Cherokee
 Township of Gaffney
 Inc. Town of Gaffney
 City of Gaffney
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 10.12 Registered No. 12
 (For use of Local Registrar)

623

(2) Full Name of Child Matthew Allen Angel
 If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Girl</u>	(2) TYPE OF BIRTH <u>In Hospital</u>	(3) NUMBER OF CHILDREN BORN TO MOTHER <u>1</u>	(4) DATE OF BIRTH <u>Jan 6 1925</u>
FATHER		MOTHER	
(5) FULL NAME <u>Jim Angel</u>	(14) NAME BEFORE MARRIAGE <u>Edith Angel</u>	(6) PRESENT RESIDENCE OF FATHER <u>Gaffney, S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Gaffney S.C.</u>
(7) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(8) COLOR OR RACE <u>White</u>	(12) AGE AT LAST BIRTHDAY <u>18</u>
(9) BIRTHPLACE <u>Greece</u>	(13) BIRTHPLACE <u>Gaffney S.C.</u>	(10) OCCUPATION <u>Restaurant</u>	(16) OCCUPATION <u>Domestic</u>
(17) Number of children born to father, including present birth		(18) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 4 A. M. on the date above stated.
 (21) (Signature) [Signature]
 (22) State whether Physician or Midwife
 (23) Address of Physician or Midwife

Given name added from a supplemental report
 (24) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (25) Date Feb 11 1925 (26) [Signature]
 Registrar

When there was no attending physician or midwife, then the father, householder, etc. should make the report.
 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.
 If a child is born dead, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.