

(1) PLACE OF BIRTH

County of *Charleston*Township of *Lowndes*Inc. Town of *Gaffney*

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
Division of Vital Statistics
State Board of Health

3307

Registration District No. *10.2*Registered No. *88*
(For use of Local Registrar)(2) Full Name of Child *Margaret Smith*

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

1) BOY OR GIRL *girl*2) Type of Birth *single*Number to order of birth *one*3) Age of Mother *25*4) DATE OF BIRTH *Feb. 4, 1923*

(Month) (Day) (Year)

FATHER.

5) FULL NAME *Margaret Smith*6) PRESENT POSTOFFICE OF FATHER *Gaffney S.C.*10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *25*12) BIRTHPLACE *Spartanburg S.C.*13) OCCUPATION *Cotton mill work.*20) Number of children born to mother, including present birth *6*

MOTHER.

14) NAME BEFORE MARRIAGE *Lula May Atkins*15) PRESENT POSTOFFICE OF MOTHER *Gaffney S.C.*16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *19*18) BIRTHPLACE *Gaffney S.C.*19) OCCUPATION *domestic*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.) *11:40*(23) (Signature) *M. D. Gaffney, S.C.*(24) Date written *Feb. 4, 1923*(25) Address of Physician or Midwife *Gaffney, S.C.*

Given under oath and subject to report

(26) Witness *M. D. Gaffney, S.C.*

(27) Signature of Witness necessary only when question 22 is signed by nurse

(28) Date written *Feb. 4, 1923*(29) Address of Physician or Midwife *Gaffney, S.C.*

When this report is made, the physician, midwife, or nurse should make this return. If a child is born dead, the report is desired of stillbirths.

This report is required of all births. In report is desired of stillbirths.