

(1) PLACE OF BIRTH

County of Cherokee
 Township of Imboden
 or
 Inc. Town of
 or
 City of Gaffney S.C. (No. St.; Ward)
 (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

25344

Registration District No. 1003 Registered No. 104
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 15 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Edward William
 (9) PRESENT POSTOFFICE OF FATHER Gaffney S.C. RD 8
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Rutherford Co. N.C.
 (13) OCCUPATION Cotton mill
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Ophelia Jamison
 (15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C. RD 8
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Cherokee Co. S.C.
 (19) OCCUPATION Home wife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8 A. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James E. Jamison(24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplement-
 tal report

(26) Witness (Signature of Witness necessary only
 when question 23 is signed by mark)

(27) Filed Aug 20 1922 (28) 747 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.

before the fifth month of pregnancy. No report is desired of stillbirths

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.

THIS CARD IS TO BE FILED IN THE BIRTH RECORDS OF THE STATE OF SOUTH CAROLINA. IT IS A PERMANENT RECORD AND SHOULD BE KEPT IN THE BUREAU OF VITAL STATISTICS. IT IS NOT TO BE DESTROYED OR REPRODUCED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE STATE BOARD OF HEALTH.