

THIS IS A PRELIMINARY 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 8.  
No. 1 of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA.		88879	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>Gaffney</u>		Registration District No. <u>10a</u>		Registered No. <u>173</u>	
or		(For use of Local Registrar)			
City of <u>Gaffney</u>		(No. <u>241 E Robinson</u> St.; .....		Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child. <u>Lorretta Parrie</u>		If child is not yet named, make supplemental report as directed			
(3) <del>BOY OR</del> GIRL? <u>girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec, 22</u> 191 <u>6</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Stacy Deller Parrie</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Lillian Adams</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>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)		
(12) BIRTHPLACE <u>Cherokee Co S.C.</u>			(18) BIRTHPLACE <u>Union Co, S.C.</u>		
(13) OCCUPATION <u>Mill Operator</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8:45 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>James P. Adams M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Gaffney S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>12/22/16</u> (28) <u>W. S. Smith</u> Local Registrar		
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.