

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

Inc. Town .....

City of Gaffney, S.C.

(if birth occurs in 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

Registration District No. 119

No. 11-For Sub-County

613

Registered No. 2  
(For use of Local Registrar)

## (2) Full Name of Child

(a) SEX OF CHILD <u>Male</u>	(b) Twin or Triplet <u>No</u>	(c) Number in order of birth <u>1</u>	(d) Age of child <u>4</u>	(e) DATE OF BIRTH <u>Feb 12 1923</u>
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**FATHER.**

(1) FULL NAME Andy Logan Sasser

(2) PRESENT RESIDENCE OF FATHER Gaffney

(3) COLOR White

(4) BIRTHPLACE Spartanburg Co S.C.

(5) OCCUPATION Ironman of Concrete work

(6) Number of children born to mother, including present birth 4

**MOTHER.**

(1) NAME BEFORE MARRIAGE Mrs Pearson

(2) PRESENT RESIDENCE OF MOTHER Gaffney

(3) COLOR White

(4) BIRTHPLACE Spartanburg Co S.C.

(5) OCCUPATION House work

(6) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Hour A. M. or P. M.) at 12:30

(29) (Signature) J. J. Sheppard

(30) State whether Physician or Midwife Physician

(31) Address of Physician or Midwife Gaffney, S.C.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)

(33) Date Feb 12 1923 (34) Registrar N. F. Smith

When there was no attending physician or midwife, then the father, householder, etc., should make this 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.

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