

(1) PLACE OF BIRTH

County of Cherokee
Township of Imperial
or
Inc. Town of
or
City of Gaffney
(If birth occurs in a hospital or

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No

File No.—For State Registrar Only

658

Registered No. 47
(For use of Local Registrar)

St. Ward

(2) Full Name of Child

(3) ~~BOY OR~~
GIRL?

(4) Twin or Triplet?

5) Number in order of birth

9 (E) Are
Parents
Married?

187) DATE OF

BIRTH Jan 11 1927
(Name of Month) (Day) (Year)

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

FATHER

(8) FULL NAME Walter De Freitas

(9) PRESENT POSTOFFICE OF FATHER *G. H. S. C.*

(10) COLOR OR RACE *white*

(11) AGE AT LAST BIRTHDAY 24

(12) BIRTHPLACE *Union Co N.C.*

(13) OCCUPATION *Carpenter*

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

MOTHER

(14) NAME BEFORE MARRIAGE *Eva Martha Humphreys*

(15) PRESENT POSTOFFICE OF MOTHER G. H. S. C.

(16) COLOR OR RACE *White*

47. AGE AT LAST BIRTHDAY 24
(Year)

(10) BIRTHPLACE
Spartanburg, SC

(19) OCCUPATION *Home wife*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature)

State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(25) **Witness**

(Signature of Witness necessary only
when question 22 is signed by mark

(33) *Elm* *U.S.C.*

(23) K_f, \dots, K_{f+1}

*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.

Registrar

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