

(1) PLACE OF BIRTH

County of Cherokee

Township of

OR

Inc. Town of Saffrey

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dorothy Eugenia Mathie Christie

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 6 1929
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Joseph Christie

(9) PRESENT POSTOFFICE OF FATHER

Saffrey, S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE

Cherokee Co.

(13) OCCUPATION

Cotton mill operator

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Jula Sellers

(15) PRESENT POSTOFFICE OF MOTHER

Saffrey S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE

Coropons, N.C.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ray B. Fenner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saffrey, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 10 1930

(28)

F. Smith

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.