

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
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 5.

Form No. 2

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

87474

Registration District No. 4002B Registered No. 237
(For use of Local Registrar)

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

(2) Full Name of Child

Claudia E. Humphris

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

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 21, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lafayette Humphris
(9) PRESENT POSTOFFICE OF FATHER Cherokee, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Claudia Gaskin
(15) PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 625 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee 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 Nov 1, 1906 (28) 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.