

## (1) PLACE OF BIRTH

County of Cherokee  
 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  
**25309**

Registration District No. 1600-11 Registered No. 62  
 (For use of Local Registrar)

City of ..... (No. .... 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

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

(3) SEX OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets		<u>yes</u>	<u>June 10</u> , 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joe Thrift</u>			(14) NAME BEFORE MARRIAGE <u>Dolly Jenkins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C. County</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C. County</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(12) BIRTHPLACE <u>Cherokee County S.C.</u>			(18) BIRTHPLACE <u>Cherokee County S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Jenkins  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(26) Witness Joe J. Seruggs  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 22, 1922 (28) Guy E. Seruggs 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.