

Form No. 8

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of Cherokee

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

17098

Township of LincolntonRegistration District No. 1243Registered No. 75

(For use of Local Registrar.)

Inc. Town of Camden

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 Bernard Morgan

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

(3) BOY OR GIRL?

Boy

(4) Twin Single or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH June 14, 1935

(Month of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Evan Cotterworth

(9) PRESENT POSTOFFICE OF FATHER

Goffney S.C. Ry.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

Goffney Cherokee Co. S.C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

May Elizabeth Morgan

(15) PRESENT POSTOFFICE OF MOTHER

Goffney S.C. Ry.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Cherokee Co. S.C.

(19) OCCUPATION

Domestic

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

one

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

one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated. (Signature or Initials) (Hour A. M. or P. M.)(23) (Signature) J. N. Heston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10, 1935

Registrar

Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

SEE INSTRUCTIONS ON REVERSE OF THIS FORM FOR SEPARATE BLANKS FOR EACH CHILD, AND MAKE IN FIRST-BORN, No. 1, THE OTHER, No. 2, etc., IN QUESTION 1.