(1) PLACE OF BIRTH

County of Cherokee

Township of Limestone

or

Inc. Town of Gaffney

or

City of Gaffney

# CERTIFICATE OF BIRTH

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

File No. 88874 — For State Registrar Only

Registration District No. 10a Registered No. 168
(For use of Local Registrar)

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

(3) ~~BOY OR~~ GIRL? Girl

(4) Twin or Triplet? Single (5) Number in order of birth 1st
To be answered only in event of twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec. 8, 1916
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Thero Petroulias

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Greece.

(13) OCCUPATION Merchant.

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Demo. Seventis

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Greece.

(19) OCCUPATION Domestic

(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 (Born alive or stillborn) at 11:30 a. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. N. Westbrook

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed 12/10 1916 (28) M. B. 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.

McCaw, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

NOTICE: PRENATAL WORK UNDERLYING INSURANCE—THIS IS A SEPARATE BLANK for each child, and mark the N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

O D A K S A F E T Y