

## (1) PLACE OF BIRTH

County of *Cherokee*Township of *Limestone*

Inc. Town of .....

City of *Gaffney S.C.*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

27601

Registration District No. *109* Registered No. *195*

(For use of Local Registrar)

## (2) Full Name of Child

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

3) BOY OR GIRL <i>Girl</i>	4) Twin or Triplet? <i>No</i>	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Sept. 12, 1923</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <i>John Damon Hall</i>	14) NAME BEFORE MARRIAGE <i>Catherine Goins</i>			
9) PRESENT POSTOFFICE OF FATHER <i>Gaffney S.C.</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Gaffney S.C.</i>			
10) COLOR OR RACE <i>White</i>	11) AGE AT LAST BIRTHDAY <i>38</i> (Years)	16) COLOR OR RACE <i>White</i>	17) AGE AT LAST BIRTHDAY <i>39</i> (Years)	
12) BIRTHPLACE <i>Burke Co. N.C.</i>	18) BIRTHPLACE <i>Burke Co. N.C.</i>			
13) OCCUPATION <i>Textile</i>	19) OCCUPATION <i>Housewife</i>			
20) Number of children born to mother, including present birth <i>7</i>	21) Number of children of this mother now living, including present birth <i>6</i>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Hughes M.D.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Gaffney 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 *10/10/23* (28) *J. B. Hughes* 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.

MONTHS OF PREGNANCY.