

## (1) PLACE OF BIRTH

County of Cherokee

Township of .....

or  
Inc. Town of .....or  
City of .....

(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 HealthNo. 630Registration District No. 109 Registered No. 21  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number in order of birth 7 (6) Age of Mother 40 (7) DATE OF BIRTH Jan 11 1923  
(Place of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Latha Dillingus</u>	(10) NAME BEFORE MARRIAGE <u>Ollie Parker</u>	(9) PRESENT RESIDENCE OF FATHER <u>Gaffney S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Gaffney S.C.</u>
(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(10) COLOR <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u>
(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>	(12) BIRTHPLACE <u>Cherokee Co S.C.</u>	(13) OCCUPATION <u>Textile</u>	(13) OCCUPATION <u>Housewife</u>
(14) Number of children born to mother, including present birth <u>7</u>	(14) Number of children of this mother any 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 born alive at 2 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Hays 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 22 is signed by mark)

(27) Filed Feb 10 1923 (28) W. F. 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.