

## (1) PLACE OF BIRTH

County of CharlestonTownship of Summerville

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

3320

Registration District No. 109 Registered No. 51  
(For use of Local Registrar)(2) Full Name of Child Juliette Emma If child is not yet named, make supplemental report as directed(3) SEX—  
GIRL(4) Twin  
or Triplet(5) Number in  
order of birth  
To be answered only in event of Twin or Triplet(6) Age  
Previous  
Marriage(7) DATE OF  
BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Oliver Emma(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Mechanic(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Moris Wilson(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) J. H. Smith

(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) Date Mar 10 1923(28) 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.