

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Cherokee  
Township of Franklin  
or  
Inc. Town of  
or  
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

17050

Registration District No. 19a Registered No. 139  
(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? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1923  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Clarius Cious Petty  
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)  
(12) BIRTHPLACE Cherokee Co. S.C.  
(13) OCCUPATION Solomon  
(14) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Mamie Morris  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Cherokee Co. S.C.  
(19) OCCUPATION House wife  
(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) M. P. Petty (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 7/10 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.

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.