

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Morgan  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25352

Registration District No. 1004Registered No. 16  
(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

Edw. B. Srawley 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?

(7) DATE OF

BIRTH Aug. 11, 22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Robt. W. Srawley

(9) PRESENT POSTOFFICE OF FATHER

Gaffney, S.C. 7

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

NC.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Lertess

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney, S.C. 7

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

NC.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 M.,  
 on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature)

H. J. Feoll, Per Dr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Myrian Conner Dr.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 9, 22 H. J. Feoll  
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.