

(1) PLACE OF BIRTH

County of CherokeeTownship of Limestoneor
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

45734

Registration District No. 1003 Registered No. 8
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of _____ St.; _____ Ward(2) Full Name of Child William Clifford Peace If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr Charlie Peace(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR white OR RACE Can (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Burcombe Co Va(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hola Bell Eisher(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.(16) COLOR white OR RACE Can (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE York Co S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 15 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Stephens M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

.....
Registrar(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed file 1 1916. (28) N. S. Patehard 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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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 5.

McCaw, of Columbia.