

MARGIN RESERVED FOR BINDING.  
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 5.

(1) PLACE OF BIRTH

County of Orangeburg  
Township of City  
or  
Inc. Town of Orangeburg  
or  
City of Orangeburg  
(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  
**5222**

Registration District No. 369 Registered No. 13  
(For use of Local Registrar)

(2) Full Name of Child

Leola Gaffney

St. 59 Gibson Ward St.  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH January 25 19 22  
(Month) (Day) (Year)

FATHER

(8) FULL NAME

Mortie Gaffney

(9) PRESENT POSTOFFICE OF FATHER

Orangeburg SC

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

34  
(Years)

(12) BIRTHPLACE

Orangeburg SC

(13) OCCUPATION

Cook

MOTHER

(14) NAME BEFORE MARRIAGE

Rosa Bellman

(15) PRESENT POSTOFFICE OF MOTHER

Orangeburg SC

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

31  
(Years)

(18) BIRTHPLACE

Orangeburg City, S.C.

(19) OCCUPATION

House work

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

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Laura Kenney

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Orangeburg SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 27 22 (28) W. Hampton Dukes 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.

RECEIVED BY COLUMBIA, S. C.