

MARGIN RESERVED FOR PRINTING.
WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
No. 1.—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.
McGraw, of Columbia.

(1) PLACE OF BIRTH
County of Cherokee
Township of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
88877

or
Inc. Town of Registration District No. 100 Registered No. 171
(For use of Local Registrar)
or
City of Gaffney (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 Frances Shippy If child is not yet named, make supplemental report as directed

(3) BOY OR Boy (4) Twin or Triplet Single (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edger Shippy
(9) PRESENT POSTOFFICE OF FATHER Gaffney
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Gaffney S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Susan Callahan
(15) PRESENT POSTOFFICE OF MOTHER McComick S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)
(18) BIRTHPLACE Gaffney
(19) OCCUPATION Farming
(21) 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 alive, at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. Morris M.P.

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

Given name added from a supplemental report

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

(27) Filed 12/20 1916 (28) M. J. 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.