

## (1) PLACE OF BIRTH

County of Spartanburg  
 Town-ship of Cherokee

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2487

In the town of ..... Registration District No. 4002a Registered No. 16  
 (For use of Local Registrar)

City of ..... (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

If child is not yet named, make supplemental report as directed

(4) Twin or triplet? ..... (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH (No. of Month) (Day) (Year) Jan 24 22

## FATHER.

(8) FULL NAME Georgio W. Gott

(9) PRESENT POSTOFFICE OF FATHER Columbia RFD 1

(10) COLOR W (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Training

Number of children born to father, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Perlie Price

(15) PRESENT POSTOFFICE OF MOTHER Columbia RFD 1

(16) COLOR W (17) AGE AT LAST BIRTHDAY 29 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeping

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Balmar J. ..... P. M.,  
 on the date above stated. (Upon alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) J. E. McFarland

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Cherokee Co.

Given name added from a supplemental report:

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

(27) Filed 7/11 1922 (28) J. Blockland 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.

8. In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS FORM, No. 2, etc., in question 8.

State of Columbia