Form No. 8

(1) PLACE OF BIRTH

County of Cherokee

Township of Draytonville

or

Inc. Town of Carentry

or

City of _____ (No. _____ St.; _____ Ward)

(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
27627

Registration District No. 1001 Registered No. 60
(For use of Local Registrar.)

(2) Full Name of Child Dorris Virginia Patrick (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? Single

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 9 1923 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME Boyed William Patrick	(14) NAME BEFORE MARRIAGE Nonnie Irine Phillips
(9) PRESENT POSTOFFICE OF FATHER Goffney S.C. Cherokee Co.	(15) PRESENT POSTOFFICE OF MOTHER Goffney S.C. R#6
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)
(12) BIRTHPLACE Cherokee Co S.C.	(18) BIRTHPLACE Cherokee Co S.C.
(13) OCCUPATION Weaves in cotton mill	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth one	(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:40 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. N. Nesbitt

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Goffney S.C.

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

(27) Filed Oct. 9 1923 (28) M. D. Harris
Local Registrar

Given name added from a supplemental report

_____ 19__
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.