

(11) FEB

Form No. 3

## 1. PLACE OF BIRTH

County of **Cherokee**

Municipality of \_\_\_\_\_

City of \_\_\_\_\_

City of **Gaffney**

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. **10<sup>a</sup>**

FILE No.—For State Registrar Only

**623**Registered No. **12**

(For use of Local Registrar)

(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

**Katharyn Ellen Kalovedusi**

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

3. SEX OR

Child **Girl**

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? **Yes**

7. DATE OF BIRTH

**January 6****1923**

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

## FATHER

8. FULL NAME **James Kosta Kalovedusi**

9. PRESENT POSTOFFICE OF FATHER

**Gaffney, S. C.**

10. COLOR

11. AGE AT LAST BIRTHDAY

**24****White**

(Years)

12. BIRTHPLACE

**Volos, Greece**

13. OCCUPATION

**Restaurant**

## MOTHER

14. NAME BEFORE MARRIAGE

**Ethel Wilson**

15. PRESENT POSTOFFICE OF MOTHER

**Gaffney, S. C.**

16. COLOR

**White**

17. AGE AT LAST BIRTHDAY

**18**

OR RACE

(Years)

18. BIRTHPLACE

**Gaffney, S. C.**

19. OCCUPATION

**Domestic**

20. Number of children born to mother, including present birth

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 **Born alive** at **4 A. M.** on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature **H. Linney**

24. State whether Physician or Midwife

**Physician**

25. Address of Physician or Midwife

**Gaffney, S. C.**

26. Witness

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

**Feb. 10 1923****H. F. Smith**

27. Filed

19

28.

Local Registrar

If a child becomes even \_\_\_\_\_ or \_\_\_\_\_ may be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.