

## (1) PLACE OF BIRTH

County of CherokeeTownship of Trinitor  
Inc. Town of .....or  
(City of Gaffney S.C.)

(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

17993

Registration District No. 10A Registered No. 147

(For use of Local Registrar)

(No. Alma St.; ..... Ward)

## (2) Full Name of Child

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

3) BOY OR GIRL

4) Twin or Triplet?

To be answered only in event of Twins or Triplets

5) Number in order of birth

6) Are Parents Married?

7) DATE OF

BIRTH Jan 27, 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

12) BIRTHPLACE

13) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(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 7/10 1922 (28) N. F. 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.

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