

(1) PLACE OF BIRTH

County of Cherokee

Township of

or
Inc. Town ofor
City of

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

Registration District No. 10A Registered No. 145

File No.—For State Registrar On

17968

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child June Elizabeth Brigh

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

3. BOY OR GIRL girl4. Twin or Triplet? 15. Number in order of birth 16. Are Parents Married? yes

(7) DATE OF

BIRTH June 24 1922
(Name of Month) (Day) (Year)**FATHER.**8. FULL NAME Junie Brigh9. PRESENT POSTOFFICE OF FATHER Gaffney SC10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 38
(Years)12. BIRTHPLACE Cherokee Co SC13. OCCUPATION Farming20. Number of children born to mother, including present birth 4**MOTHER.**14. NAME BEFORE MARRIAGE Jessie Smith15. PRESENT POSTOFFICE OF MOTHER Gaffney SC16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 28
(Years)18. BIRTHPLACE Stantbury Co SC19. OCCUPATION Housewife21. Number of children of this mother now living, including present birth 4**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) J. B. Dughey M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7/1022

(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.