

**CERTIFICATE OF BIRTH**

File No.—For State Registrar Only  
**76199**

(1) PLACE OF BIRTH  
County of Cherokee STATE OF SOUTH CAROLINA.  
Township of Snowdenville Bureau of Vital Statistics  
State Board of Health  
Inc. Town of ..... or ..... Registration District No. 1002 Registered No. 30  
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 David Upchurch If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in case of twins or triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sep 17, 1949</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Will Upchurch

(9) PRESENT POSTOFFICE OF FATHER Gaffney

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Cherokee Co

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Emma Spencer

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Cherokee

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth Seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 ..... 9 AM., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. J. Upchurch

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Gaffney

Given name added from a supplemental report

..... 191.....  
Sam J. Strain  
Registrar

(26) Witness J. P. George  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9 1916. (28) Sam J. Strain  
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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.