

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.

CERTIFICATE OF BIRTH				File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA				25303	
Bureau of Vital Statistics					
State Board of Health					
(1) PLACE OF BIRTH				Registration District No. 10a	
County of Cherokee				Registered No. 186	
Township of Sumner				(For use of Local Registrar)	
Inc. Town of Gaffney				(No. 4 St.; 4 Ward)	
City of Gaffney				(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child Emily Sue Beom				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 3	(6) Are Parents Married? yes	(7) DATE OF BIRTH Aug. 23, 1912	
FATHER.			MOTHER.		
(8) FULL NAME Ortial Beom			(14) NAME BEFORE MARRIAGE Dilia Elizabeth Francis		
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.			(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.		
(10) COLOR OR RACE White			(16) COLOR OR RACE White		
(11) AGE AT LAST BIRTHDAY 28 (Years)			(17) AGE AT LAST BIRTHDAY 23 (Years)		
(12) BIRTHPLACE Cleveland Co. N.C.			(18) BIRTHPLACE Cleveland Co. N.C.		
(13) OCCUPATION U.S. mail carrier			(19) OCCUPATION Domestic		
(20) Number of children born to mother, including present birth 3			(21) Number of children of this mother now living, including present birth 3		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was alive at 8:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) M. D. Gaffney, S.C.					
(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)		
19 Registrar			(27) Filed Sept. 11, 1912 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.

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.