

MARGIN RESERVED FOR BINDING.

WHITE 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Lawrence Town
 or
 Inc. Town of
 or
 City of

(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

14095

Registration District No. 10ARegistered No. 108
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Baltes Justice Davidson</u>			(14) NAME BEFORE MARRIAGE <u>Carrie May Edwards</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(18) BIRTHPLACE <u>Rutherford Co. N.C.</u>	
(12) BIRTHPLACE <u>Rutherford Co. S.C.</u>			(19) OCCUPATION <u>House wife</u>	
(13) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	
(20) Number of children born to mother, including present birth <u>Two</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alive ... at... 6 A.M. ...
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. B. Threlkeld

(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 6/10/22

(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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