

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.

(1) PLACE OF BIRTH

County of Cherokee

Township of

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.)

(2) Full Name of Child Earle Ray Aycock

File No.—For State Registrar Only
41458

Registration District No. 10A Registered No. 273
(For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 25 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John Aycock
(9) PRESENT POSTOFFICE OF FATHER Gaffney SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Cleveland Co. NC
(13) OCCUPATION Textile
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Dorcas Smith
(15) PRESENT POSTOFFICE OF MOTHER Gaffney SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Cherokee Co. SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:00 A. M. or P. M., on the date above stated.

(23) (Signature) J. B. Hughes

(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 Jan 10 1923 (28) W. F. Smith Local Registrar.

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