

## (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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

17972

Registration District No. 102 Registered No. 139

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

3 SEX OR GIRL? Boy4) Twin or Triplet? 15) Number in order of birth 86) Are Parents Married? Yes

7) DATE OF BIRTH

June 19, 1922  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

Cleveland Parker

9) PRESENT POSTOFFICE OF FATHER

Gaffney S.C.

10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33  
(Years)

12) BIRTHPLACE

Cherokee Co. S.C.

13) OCCUPATION

Farming

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

8

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eltha Harris

(15) PRESENT POSTOFFICE OF MOTHER

Gaffney S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Cherokee Co. S.C.

(19) OCCUPATION

Housewife

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

8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. B. Hughes M.D.

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Gaffney S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

7/101922

(28)

N. I. 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.