

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N H—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 8.

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cherokee  
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

Registration District No. 4002

File No.—For State Registrar Only

20182

Registered No. 70.....  
(For use of Local Registrar)

(2) Full Name of Child

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

3) BOY OR GIRL  
Girl

4) Twin or Triplet? 1

5) Number in order of birth 8

6) Are Parents Married? yes

7) DATE OF

BIRTH June 22 1922  
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Henry Gowan

9) PRESENT POSTOFFICE OF FATHER

Cherokee RFD

10) COLOR OR RACE

W

11) AGE AT LAST BIRTHDAY

53  
(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farming

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

8

MOTHER.

14) NAME BEFORE MARRIAGE

Rosie Hammett

15) PRESENT POSTOFFICE OF MOTHER

Cherokee RFD

16) COLOR OR RACE

W

17) AGE AT LAST BIRTHDAY

56  
(Years)

18) BIRTHPLACE

S.C.

19) OCCUPATION

Housekeeping

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. B. Blackwell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Cherokee S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 10 1922

(28)

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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