

(1) PLACE OF BIRTH

County of CherokeeTownship of Morgan

Inc. Town of

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

33668

Registration District No. 1004-13Registered No. 130
(For use of Local Registrar)(2) Full Name of Child Dexter Monroe Gaffney

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

(3) BOY OR GIRL? boy(4) Twin or Triplet? Triplet(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

Oct 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gilbert Gaffney(9) PRESENT POSTOFFICE OF FATHER Gaffney(10) COLOR OR RACE Dark(11) AGE AT LAST BIRTHDAY 43
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Ironing(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Anner Hopper(15) PRESENT POSTOFFICE OF MOTHER Gaffney(16) COLOR OR RACE Dark(17) AGE AT LAST BIRTHDAY 34
(Year)

(18) BIRTHPLACE

(19) OCCUPATION Ironing(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 Nov. 2/22 at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucinda Humphreys

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Gaffney RT #9

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 6 1922

(28)

H. H. Prithard
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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MCCAW OF COLUMBIA, COLUMBIA, S. C.

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