

(1) PLACE OF BIRTH

County of Cherokee

Township of

Inc. Town of Gaffney S.C.

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

41462

Registration District No. Registered No. 277

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James D. Spraupe

(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE York Co S.C.

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE May Ellis

(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)

(18) BIRTHPLACE Clifton S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 P.M.
on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Mrs. Joe Blusckwell

(24) (State whether Physician or Midwife) Midwife (25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

When there is a supplemental report, the name of the child should be added to the birth record.

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

(27) John Smith Local Registrar

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(30) John Smith Local Registrar

(31) John Smith Local Registrar

(32) John Smith Local Registrar