

PLATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health  
48443  
County of Cherokee  
Township of Sims  
or  
Inc. Town of Gaffney Registration District No. 100 Registered No. 420  
or  
City of Gaffney (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 Ray Paul Painter If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Boy (4) Twin Single (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 11, 1916  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME June W. Painter  
(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)  
(12) BIRTHPLACE Cherokee Co S.C.  
(13) OCCUPATION Womans in cotton mill  
(14) Number of children born to mother, including present birth One  
MOTHER  
(14) NAME BEFORE MARRIAGE Charles E. Godfrey  
(15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Dawson Co Ga  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Smith M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed 2/15 1916 (28) M. J. 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.

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