

(1) PLACE OF BIRTH

County of Cherokee

Township of

or
Inc. Town ofor
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

3310

Registration District No. 10A Registered No. 41
(For use of Local Registrar)(2) Full Name of Child Frank J. Gaffney Jolly If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Type of Twin To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>2</u>	(6) Sex of Mother <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 12, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Charley Jolly</u>	(14) NAME BEFORE MARRIAGE <u>Lilly Wade</u>	(9) PRESENT RESIDENCE OF FATHER <u>Gaffney S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Gaffney S.C.</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>	(18) BIRTHPLACE <u>Cherokee Co. S.C.</u>	(13) OCCUPATION <u>Textile</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated.
(Survived or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Gaffney
(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 23 is signed by mark)(27) Filed Mar 10 1923 (28) W. F. 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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WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 3.