

## (1) PLACE OF BIRTH

County of Cherokee  
 Township of Twinn  
 or  
 Inc. Town of .....  
 or  
 City of Gaffney S.C.  
 (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

17986

Registration District No. 10a Registered No. 175  
 (For use of Local Registrar)

(No. John B. Smith St.; ..... Ward)

## (2) Full Name of Child

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

3) <u>girl</u> BOY OR GIRL	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Jan 3 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Silas Little Jr.</u>			14) NAME BEFORE MARRIAGE <u>Alice Dowling</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>	
10) COLOR OR RACE <u>Col.</u>			16) COLOR OR RACE <u>Col.</u>	
11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
12) BIRTHPLACE <u>Thicket S.C.</u>			18) BIRTHPLACE <u>Gaffney S.C.</u>	
13) OCCUPATION <u>R.R. Conductor</u>			19) OCCUPATION <u>House work</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of this mother now living, including present birth <u>5</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) John B. Smith(24) State whether Physician or Midwife 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 7/10 19 22 (28) N. J. Smith  
 Registrar 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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