

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 5.

(1) PLACE OF BIRTH

County of Cherokee
Township of Smith
or
Inc. Town of
or
City of Gaffney
(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

25299

Registration District No. 10.2 Registered No. 181
(For use of Local Registrar)

(2) Full Name of Child

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

3) 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>Aug. 9</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Joseph Dwyer Hammons</u>			14) NAME BEFORE MARRIAGE <u>Loris Gertrude Taylor</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>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>27</u> (Years)			17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
12) BIRTHPLACE <u>Cleveland Co. N.C.</u>			18) BIRTHPLACE <u>Laurin Co. S.C.</u>	
13) OCCUPATION <u>Salesman</u>			19) OCCUPATION <u>House wife</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 ... at 9:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. Hammons

(24) State whether Physician or Midwife

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

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed Sept 11 1922

(28) N. 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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