

(1) PLACE OF BIRTH

County of Cherokee
 Township of Dryden
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

10434

Registration District No. 1001 Registered No. 27
 (For use of Local Registrar)

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

(2) Full Name of Child Arthur May Price

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

(3) SEX OR GIRL girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 3 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Thomas Price(9) PRESENT POSTOFFICE OF FATHER Gaffney SC RD 8(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Cherokee Co. SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Correll Brum(15) PRESENT POSTOFFICE OF MOTHER Gaffney SC RD 8(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Cherokee Co. SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 1/3/22 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. William M. D.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gaffney SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when location 23 is signed by mark)

(27) File

May 81922

(28) M. B. Harris

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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