FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
30629

(1) PLACE OF BIRTH
County of Cherokee
Township of Cherokee
Inc. Town of ..... Registration District No. 1000 Registered No. 30
(For use of Local Registrar)
City of ..... (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. William Thomas Ledbetter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	—	—	Yes	Sept. 18, 1915 (Name of Month) (Day) (Year)

(To be answered only in event of Twins or Triplets)

FATHER.	MOTHER.
(8) FULL NAME: Thomas Ledbetter	(14) NAME BEFORE MARRIAGE: Mary Ramsey
(9) PRESENT POSTOFFICE OF FATHER: Gaffney S. C.	(15) PRESENT POSTOFFICE OF MOTHER: Gaffney S C
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 26 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE: North Carolina	(18) BIRTHPLACE: York Co S C
(13) OCCUPATION: Farmer	(19) OCCUPATION: Home Wife
(20) Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:58 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Geo. Oates

(24) State whether Physician or Midwife: Physician (25) Address of Physician or Midwife: Gaffney S. C.

(If name added from a supplemental report ..... 191....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 20 1915 (28) J. T. Hardin M.D.
Local Registrar

(If there was no attending physician or midwife, then the father, householder, etc., should make this return. If stillbirths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.)

WHERE PLACE is a CITY, write the WARD, if any. If in a TOWNSHIP, give the TOWNSHIP'S REGISTRATION DISTRICT.
N. B.—In case of TWINS or THREE, use a SEPARATE BLANK for each child, and mark the FIRST BORN, No. 1; the OTHERS, No. 2, etc., in question 5.