

No. 1

(1) PLACE OF BIRTH

County of Wilkes
 Township of Cherokee
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

28281

Registration District No. 2009 Registered No. 428
 (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 Daniel Rush If child is not yet named, make supplemental report as directed

(3) Sex Male (4) Type or Type Free (5) Number in order of birth 1st (6) Date of Birth 7/2/1919
 To be reported only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (7) Full Name Bernie H. Rush
 (8) Present Postoffice of Father Cherokee
 (9) Color or Race Colored (10) Age at last birthday 35 (Year)
 (11) Birthplace P. B. Byrd
 (12) Occupation Farming
 (13) Number of children born to mother, including present birth One

MOTHER.
 (14) Name before marriage Lillie Bell Phillips
 (15) Present Postoffice of Mother Cherokee
 (16) Color or Race Colored (17) Age at last birthday 32 (Year)
 (18) Birthplace P. B. Byrd
 (19) Occupation Farming
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
 (21) I hereby certify that I attended the birth of this child, who was Alive at 11-40 at 2:00 A. M., on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) Martha Winston
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Wilkes Co. S. C.

(25) Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed (28) Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must report the birth. If a child breathes even once, it must be reported as such. No report is required before the fifth month of pregnancy.