

(1) PLACE OF BIRTH
 County Cherokee
 Township of Cash
 or
 Loc. Town of
 or
 City of (No. St. Ward)
 (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
 41657

(2) Full Name of Child. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 24
 (Name of Month) (Day) (Year)

FATHER
 (8) NAME Mr. Hester Ross
 (9) PRESENT POSITION OF FATHER Associate Deed
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE Cherokee Co. Ga.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 3

MOTHER
 (14) NAME Minie M. Landon
 (15) PRESENT POSITION OF MOTHER Associate Deed
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE Cherokee Co. Ga.
 (19) OCCUPATION Housekeeping
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11:00 A.M.
 on the date above stated.

(22) Signature of Physician or Midwife [Signature]
 (23) Address of Physician or Midwife Cherokee Co. Ga.

Name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(25) Filed Jan 23 (26) M. S. Watson 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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