

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 NAME IN CASE OF FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.

(1) PLACE OF BIRTH

County of Cherokee  
 or  
 Township of Morgan  
 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

704

Registration District No. 1004-B Registered No. 20  
 (For use of Local Registrar)

(2) Full Name of Child Elbert Thrift

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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 Jan 18, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Virgil Thrift  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 18 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Anna Thrift  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housekeeping

(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 B. Almus ..... all P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) J. E. McPherson  
 (24) State whether Physician or Midwife Physician Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed (27) 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.

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.