

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Spartanburg **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 State Board of Health
 Township of Cherokee
 or
 Inc. Town of Registration District No. 4009 Registered No. 199
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
66224

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13, 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Lawson Zeltan</u>			(14) NAME BEFORE MARRIAGE <u>Lorona Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee R.F.D. 10</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee R.F.D. 2</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Rutherford</u>			(18) BIRTHPLACE <u>York Co.</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housekeeping</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 1:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

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(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 20 1916 (28) J. B. McInnis 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.