

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16708

Registration District No. 4002a Registered No. 60
(For use of Local Registrar)City of St.; Ward)
(No.)
(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(2) Full Name of Child Not named(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 May 22 1922
(Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME Clarence Robinson
(9) PRESENT POSTOFFICE OF FATHER Cherokee, S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 38
(12) BIRTHPLACE S.C.

MOTHER.

(14) NAME BEFORE MARRIAGE Venice Kimbrell
(15) PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17
(18) BIRTHPLACE S.C.
(19) OCCUPATION Keeping house
(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 Balme at 3 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. D. [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee, S.C.

Given name added from a supplemental report

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

(27) Filed 6/10 1922 (28) J. B. Blackwell 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.

before the fifth month of pregnancy