

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Revised by Congress, December 2, 1906.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 11—For State Registrar Only	
County <u>Cherokee</u>		STATE OF SOUTH CAROLINA		8958	
Township of <u>Mountain Hill</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>104</u>		Registered No. <u>14</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Albert Starke</u> (If child is not yet named, make supplemental report as directed)					
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Child at Birth <u>2 3</u>	(7) DATE OF BIRTH <u>Apr. 23, 1903</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Albert Starke</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Miller</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Curtisville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Curtisville, S.C.</u>		
(10) COLOR OR RACE <u>Caucas</u>			(16) COLOR OR RACE <u>Caucas</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u>			(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) BIRTHPLACE <u>Cherokee Co.</u>			(18) BIRTHPLACE <u>Cherokee Co.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>John</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>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>Cherokee Co., S.C.</u> on the date above stated. (Born alive or stillborn) (Born A.M. or P.M.)					
(23) (Signature) <u>Albert Starke</u>					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife <u>Curtisville, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
1903			(27) Filed <u>4/26</u> 1903		
Registrar			(28) Local Registrar <u>J. M. Patterson</u>		
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.					