

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File In.—for State Registrar Only

27616

Registration District No. 1000A Registered No. 89
 (For use of Local Registrar)

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

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 25.
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank White
 (9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year)

(12) BIRTHPLACE Cherokee Co., S. C.

(13) OCCUPATION Cotton Mill Operative

(14) Number of children born to mother, including present birth (Two (2)).

MOTHER.

(15) NAME BEFORE MARRIAGE Mattie Ann Broom

(16) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S.C.

(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 25
 (Year)

(19) BIRTHPLACE Cherokee Co., S. C.

(20) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth (Two (2)).

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:50A M.,
 on the date above stated. (Born alive or stillborn) (Hour 'A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife
Physician

(25) Address of Physician or Midwife
Blacksburg, 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 Oct 1 1925 (28) [Signature] 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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