

Form No. 1

(1) PLACE OF BIRTH

County of Cherokee

Township of Greenville

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

67708

Registration District No. 1106 Registered No. 92
(For use of Local Registrar)

City of

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? no (5) Number in order of birth 1st (6) Are Parents Married? yes (7) DATE OF BIRTH July 24 1916
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>William Chischolm</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Daitz</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Red Bluff</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Red Bluff</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Cherokee Co. Ga.</u>	(18) BIRTHPLACE <u>Cherokee Co. Ga.</u>	(19) OCCUPATION <u>farmer</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
(20) OCCUPATION <u>farmer</u>	(22) Number of children born to mother, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 6 P. M. on the date above stated.

(23) (Signature) W. H. Chischolm

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Red Bluff

Given name added from a supplemental report	(26) Witness <u>W. H. Chischolm</u> (Signature of Witness necessary only when question 23 is signed by mark)
....., 191.....	(27) Filed <u>July 24 1916</u> (28) <u>J. N. Gust</u> Local Registrar
..... 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.