

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

79239

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *Cherokee*

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

or
City, Town of

Registration District No. *70020* Registered No. *242*
(For use of Local Registrar)

or
City of

(No. St.; Ward)

(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

BOY OR GIRL (4) Twin or Triplet? (5) Number in order of birth *1* (6) Are Parents Married? (7) DATE OF BIRTH *Sept 6, 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
FULL NAME *Vol. Mott*
PRESENT POSTOFFICE OF FATHER *Cherokee S.C. R#4*
COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *37* (Years)
BIRTHPLACE *South Car.*
OCCUPATION *Harmining*
Number of children born to mother, including present birth *9*

MOTHER.
(14) NAME BEFORE MARRIAGE *Lila Jane Jackson*
(15) PRESENT POSTOFFICE OF MOTHER *Cherokee S.C. R#2*
(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *32* (Years)
(18) BIRTHPLACE *South Car*
(19) OCCUPATION *House work*
(21) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *1:15 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. B. C. C. C.*
(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 *Sept 12, 1916* (28) *J. B. C. C. C.* 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.