

Form No. 8

## (1) PLACE OF BIRTH

County of SpringdaleTownship of Cherry

or Inc. Town of \_\_\_\_\_

or \_\_\_\_\_

(City of \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

7698

Registration District No. 5104Registered No. 5

(For use of Local Registrar)

(No. \_\_\_\_\_)

(St. \_\_\_\_\_)

Ward \_\_\_\_\_

## (2) Full Name of Child

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

(1) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH June 1, 1917  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

(8) FULL NAME William J. Brown(9) PRESENT POSTOFFICE OF FATHER Cherry(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE Ill. S.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Anna M. Brown(15) PRESENT POSTOFFICE OF MOTHER Cherry(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 36  
(Years)(18) BIRTHPLACE Ill. S.(19) OCCUPATION Teacher(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) \_\_\_\_\_

(24) State whether Physician or Midwife \_\_\_\_\_

(25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report

(26) Witness \_\_\_\_\_

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed \_\_\_\_\_

1917

(28)

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 6th month of pregnancy.

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 5.