

## (1) PLACE OF BIRTH

County of CherokeeTownship of St. Martinor  
Inc. Town of .....or  
City of .....

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

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 24 1922</u> (Name of Month) (Day) (Year)
------------------------------	--	---------------------------------------	-------------------------------------	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe S. Dubose</u>	(14) NAME BEFORE MARRIAGE <u>Lattie Ridgeway</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wilson S.C. RFD</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wilson S.C. RFD</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) <u>R. E. Ridgeway M.D.</u>	(25) Address of Physician or Midwife <u>Manning S.C.</u>
(24) State whether Physician or Midwife	

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 26 1922 (28) W. P. Spott  
Registrar 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.

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.