

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cherokee

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

37663

Inc. Town of
City ofRegistration District No. 11002 Registered No. 123
(For use of Local Registrar)

(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) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 13, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hubert Treadway(9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. 2(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Year)(12) BIRTHPLACE Tenn.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Green(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 2(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18
(Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. E. Jackson

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Nov 10 1923 J. Blockwell
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.