

**(1) PLACE OF BIRTH**

County of Cherokee  
Township of Cherokee  
OF  
Inc. Town of .....  
OF  
City of .....

**CERTIFICATE OF BIRTH**

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

**File No.—For State Registrar Only****27613**

Registration District No. 1000A Registered No. 91  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(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) BOY OR GIRL Girl (4) Twin or Triplet? To be covered only in event of Twin or Triplet (5) Are Parents Married? YES (6) DATE OF BIRTH Sept. 23, 1923  
(Name of Month) (Day) (Year)

**FATHER.****MOTHER.**

(7) FULL NAME LOVE MOSS (14) NAME BEFORE MARRIAGE Ethel Florence Sprouse  
(8) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C. (15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C.  
(9) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 19 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
(12) BIRTHPLACE Cherokee Co., S. C. (18) BIRTHPLACE Cherokee Co., S. C.  
(13) OCCUPATION Cotton Mill Operative (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth (One (1)) (21) Number of children of this mother now living, including present birth (One (1)).

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Blacksburg, 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 1023 (28) [Signature] 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.

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