

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of Blacksburg
 or
 City of _____ (No. _____ St.; _____ Ward)

(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

25316

Registration District No. 1000.2 Registered No. 67
 (For use of Local Registrar)

(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 answered only in event of Twins or Triplets

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 10, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Stacey Thomas Bolin

(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S. C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27
 (Years)

(12) BIRTHPLACE York Co., S. C.

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth { Three (3). }

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Elizabeth Lanier

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE York Co., S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 5hree (3). }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. L. Little

(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 9-10 19 22 (28) Geo. Roberts
 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.

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THIS CERTIFICATE IS NOT VALID UNLESS IT IS FILED WITHIN THE FIRST FIVE MONTHS OF THE BIRTH OF THE CHILD, AND MAKE THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.