

WRITE PLAINLY. WITH ENLARGING INK—THIS IS A PERMANENT RECORD  
N 2—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.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Asheville  
or  
Inc. Town of.....  
or  
City of.....  
(No. .... St.; ..... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1316 Registered No. 26  
(For use of Local Registrar)

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>June 18, 1922</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
8) FULL NAME <u>George C. Ross</u>				14) NAME BEFORE MARRIAGE <u>Willie Barfield</u>
9) PRESENT POSTOFFICE OF FATHER <u>Fair City</u>				15) PRESENT POSTOFFICE OF MOTHER <u>Fair City</u>
10) COLOR OR RACE <u>white</u>				16) COLOR OR RACE <u>white</u>
11) AGE AT LAST BIRTHDAY <u>26</u> (Years)				17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
12) BIRTHPLACE <u>Cherokee</u>				18) BIRTHPLACE <u>Cherokee</u>
13) OCCUPATION <u>Printer</u>				19) OCCUPATION <u>House Keeping</u>
20) Number of children born to mother, including present birth <u>5</u>				21) Number of children of this mother now living, including present birth <u>4</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**  
(22) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>R. P. Parker</u>	(25) Address of Physician or Midwife <u>Fair City</u>
(24) State whether Physician or Midwife <u>Midwife</u>	
Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
19 .....	(27) Filed <u>June 25, 1922</u> (28) <u>B. H. T. J. J.</u> 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.

Registrar I  
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