

RECORD  
N. B.—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.  
N. C.  
N. B.—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.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Cherokee  
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.)

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

File No.—For State Registrar Only  
**25310**

Registration District No. 1000a Registered No. 77  
(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? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 29 1922  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Sam Beng  
(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)  
(12) BIRTHPLACE McDowell Co. N.C.  
(13) OCCUPATION Mill Operative  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Lula Henderson  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Couperus, S.C.  
(19) OCCUPATION H. Wife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was Born Alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour \* M. or P. M.)  
(23) (Signature) D.S. Ramsey M.D.  
(24) State whether Physician or Midwife (25) Address of 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 9-1 1922 (28) Desa Roberts 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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