

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Lancaster</u>		STATE OF SOUTH CAROLINA		35294	
Township of <u>York</u>		Bureau of Vital Statistics			
or Inc. Town of <u>York</u>		State Board of Health			
City of <u>York</u>		Registration District No. <u>2908</u>		Registered No. <u>70</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Ordel Cheek</u>		If child is not yet named, make supplemental report as directed			
(3) Sex of <u>Boy</u>	(4) Twin <u>born</u> or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 8 1922</u>	
To be answered only in event of Twins or Triplets		(Name of Month) (Day) (Year)			
FATHER			MOTHER		
(8) FULL NAME <u>Ordel Cheek</u>			(14) NAME BEFORE MARRIAGE <u>Gella Lou S</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>York, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York, S.C.</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>Lancaster</u>			(18) BIRTHPLACE <u>Lancaster Co.</u>		
(13) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Farm</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Dr. H. H. Hays</u>					
(24) State whether Physician or Midwife <u>midwife</u> (25) Address of Physician or Midwife <u>York, S.C.</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>11/10</u> 19 <u>22</u> (28) <u>R. S. Harris</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.					