

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Senior*Inc. Town of *or*

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lizzie Douglas Sterling*File No. — For State Registrar Only
51675CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *1106*Registered No. *34*

(For use of Local Registrar)

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

Mar. 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Leahy Sterling*(9) PRESENT POSTOFFICE OF FATHER *2 Lynn S.S. R.D. #1*(10) COLOR *Negro*(11) AGE AT LAST BIRTHDAY *38*

(Years)

(12) BIRTHPLACE *Cherokee County S.C.*(13) OCCUPATION *Farming*(14) Number of children born to father, including present birth *one*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lizzie Douglas*(15) PRESENT POSTOFFICE OF MOTHER *2 Lynn S.S. R.D. #1*(16) COLOR *Negro*(17) AGE AT LAST BIRTHDAY *28*

(Years)

(18) BIRTHPLACE *Cherokee County S.C.*(19) OCCUPATION *Domestic & Laborer*(20) Number of children of this mother now living, including present birth *one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *white*, at *10 A.M.* on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. H. Gust*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *2 Lynn S.S.*

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *1/1* 1916

(28)

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

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