

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of Blacksburg

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

Samuel Smith

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Dec 8, 1922
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

FATHER.

(8) FULL NAME

Jim Smith

(9) PRESENT POSTOFFICE OF FATHER

Blacksburg SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

52
(Years)

(12) BIRTHPLACE

S. Car

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

13

MOTHER.

(14) NAME BEFORE MARRIAGE

Maunda Smith

(15) PRESENT POSTOFFICE OF MOTHER

Blacksburg SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

47
(Years)

(18) BIRTHPLACE

S. Car

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Clara Cline

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Blacksburg

Given name added from a supplemental report

(26) Witness

Geo. A. Roberts

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

(27) Registrar

13-20-22Geo. A. 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.