

(1) PLACE OF BIRTH

County of Spokane
Township of Cherokee
or
Inc. 1st of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16706

Registration District No. 4002 Registered No. 58
(For use of Local Registrar)City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

Sex Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ralph H. Hoad
(9) PRESENT POSTOFFICE OF FATHER Cherokee RT. 10
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 69 (Years)
(12) BIRTHPLACE N.C.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 44 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(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 6/10

1922

(28)

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Blodgett

Local Registrar

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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