

MARGIN RESERVED FOR BINDING

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.

CARY PRINTING CO. CO.
N. J. UMBIA, N. J.

1. PLACE OF BIRTH

County of Cherokee
Township of _____
or
Inc. Town of _____
or
City of Cherokee

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

2. FULL NAME OF CHILD

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

FILE No.—For State Registrar Only

16 093388

92433 A

Registration District No. _____ Registered No. _____
(For use of Local Registrar)

St.; _____ Ward)

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

3. BOY OR GIRL girl
4. Twin or Triplet _____
5. Number in order of birth _____
To be answered only in event of Twins or Triplets

6. Are Parents Married X

7. DATE OF BIRTH
December 6 1916
(Name of Month (Day) (Year)

FATHER

8. FULL NAME Beaton Medley

9. PRESENT POSTOFFICE OF FATHER Durham, N.C.

10. COLOR OR RACE Negro

11. AGE AT LAST BIRTHDAY 25
(Years)

12. BIRTHPLACE Marlboro County, S.C.

13. OCCUPATION Public Works

20. Number of children born to mother, including present birth { 2

MOTHER

14. NAME BEFORE MARRIAGE Betha Haglan

15. PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.

16. COLOR OR RACE Negro

17. AGE AT LAST BIRTHDAY 28
(Years)

18. BIRTHPLACE Cherokee, S.C.

19. OCCUPATION Farm Laborer

21. Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at Cherokee, S.C. on the date above stated.

23. Signature The midwife in charge

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report
Given name _____

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Registrar

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

27. Filed Dec 16 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.