

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Cherokee*Inc. Town of
orCity of (No.) (Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8951

Registration District No. *104* Registered No. *16*
(For use of Local Registrar)

2) Full Name of Child If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May 12*
Is to be entered only in report of twins or triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. Leroy Purdy*(9) PRESENT POSTOFFICE OF FATHER *Spa No 2*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *28*
(Years)(12) BIRTHPLACE *DC*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *May E McKeen*(15) PRESENT POSTOFFICE OF MOTHER *Spa No 2*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28*
(Years)(18) BIRTHPLACE *DC*(19) OCCUPATION *Housekeeper*(20) 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* *S. A. M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *A. A. M.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician*

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed *5/7* 191*2* (28) *J. S. Purdy* 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.

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FORM NO. 7
WHICH IS RESERVED FOR BIRTH RECORD.
WRITE PLAINLY, WITH INK AND INK—THIS IS A PERMANENT RECORD.
M. R.—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.

W. Caw. of Columbia

make noted

3

M. M.

with