

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of BlacksburgCity of Blacksburg

(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

71889

Registration District No. 1000 A Registered No. 92

(For use of Local Registrar)

City of Blacksburg (No. 1000 A St. 92 Ward 100)

(2) Full Name of Child

(3) SEX OR GENDER <u>Male</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31 1916</u>
				Name of Month (Day) (Year)

FATHER.

(8) FULL NAME <u>July J. J. J.</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Blacksburg, Va.</u>	(12) BIRTHPLACE <u>Blacksburg, Va.</u>
(10) COLOR OR RACE <u>Negro</u>	(13) OCCUPATION <u>Farmer</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mamie Harris</u>	(17) AGE AT LAST BIRTHDAY <u>20</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Blacksburg, Va.</u>	(18) BIRTHPLACE <u>Blacksburg, Va.</u>
(16) COLOR OR RACE <u>Negro</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at Blacksburg, Va. (Hour A. M. or P. M.) 10:00 on the date above stated.(23) (Signature) Clara(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Blacksburg, Va.(26) Witness Mrs. J. A. J.(27) Elected Aug 31 1916 (28) Geo. C. J. Local Registrar

Given name added from a supplemental report

1916

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.

WRITE PLAINLY, WITH EXTENDING INK. THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.