

(1) PLACE OF BIRTH

County of *Cherokee*Township of *Cherokee*or
Inc. Town ofor
City of

(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 HealthRegistration District No. *1206*No. *23989* - For State Registrar Only

23989

Registered No. *91*
(For use of Local Registrar)

(2) Full Name of Child

Joseph L. L. L.

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

(3) SEX OF CHILD

Boy

(4) Twin or Triplet

No

(5) Number in order of birth

1

(6) Age of child

1 year

(7) DATE OF BIRTH

Apr 20 1911

(8) FULL NAME

Joseph L. L. L.

(9) PRESENT POSTOFFICE OF FATHER

Hagerstown, Md.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

2 1/2

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Alma Wallace

(15) PRESENT POSTOFFICE OF MOTHER

Hagerstown, Md.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

2 1/2

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Give name added from a supplemental report

(27) Witness

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

(28) Filed

9/10/23

(29) 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.