

WRITE PLAINLY, WITH CAPS AND ENDS—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cherokee
 or
 Inc. Town of

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

File No.—For State Registrar Only
3669

Registration District No. 1701 Registered No. 210
 (For use of Local Registrar)

(2) Full Name of Child

Ida Easterling

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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 21 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Easterling
 (9) PRESENT POSTOFFICE OF FATHER Cherokee SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Ellison
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36
 (18) BIRTHPLACE SC
 (19) OCCUPATION Farm laborer
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana Boone
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 25 19 22 (28) O. B. Ingram 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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