

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

No. 26826 - For State Registrar Only

26826

Registration District No. 200 Registered No. 45
(For use of Local Registrar)

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

(2) Full Name of Child George E. Hurt. Couch If child is not yet named, make supplemental report as directed

(3) SEX OR WILL <u>Boy</u>	(4) Title or Trade To be answered only in case of Trade or Trade	(5) Number in order of birth	(6) Age Express Months <u>you</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July</u> <u>8</u> <u>1915</u>
FATHER.		MOTHER.		
(8) FULL NAME <u>Engelhard Couch</u>		(14) NAME BEFORE MARRIAGE <u>Henka Arthur</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Cherokee N.C.</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Cherokee N.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
(12) BIRTHPLACE <u>Cherokee N.C.</u>		(18) BIRTHPLACE <u>Cherokee N.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>9</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:45 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed 10/9/15 at Cherokee 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 as stillborn
before the fifth month of pregnancy.

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