

## (1) PLACE OF BIRTH

County of CherokeeTownship of Swainor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18448

Registration District No. .... Registered No. 18  
(For use of Local Registrar)(No. .... St.; .... Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.(2) Full Name of Child Marion Minnie Day If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth 2 6) Are Parents Married? Yes 7) DATE OF BIRTH June 20 19 22  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Pierre Butler Day9) PRESENT POSTOFFICE OF FATHER Garrison S.C.10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)12) BIRTHPLACE Cherokee County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Laura Minnie(15) PRESENT POSTOFFICE OF MOTHER Garrison S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Cherokee County(19) OCCUPATION Farmer(21) 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 at 5:45 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. J. Hunter (24) State whether Physician or Midwife(25) Address of Physician or Midwife Garrison S.C.

Given name added from a supplemental report

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

(27) Filed July 10 19 22 (28) P. H. Shady 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.

N B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
MCCABE OF COLUMBIA, COLUMBIA, S. C.