

REGISTRATION DISTRICT NO. 1000-A REGISTERED NO. 97
 COUNTY OF CHEROKEE TOWNSHIP OF CHEROKEE FALLS
 CITY OF
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 FULL NAME OF CHILD
 SEX
 DATE OF BIRTH
 FATHER'S NAME
 MOTHER'S NAME
 FATHER'S OCCUPATION
 MOTHER'S OCCUPATION
 PHYSICIAN'S SIGNATURE
 WITNESS SIGNATURE
 REGISTRAR SIGNATURE

(1) PLACE OF BIRTH

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

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

No. for State Registrar Only
31537

Registration District No. 1000-A Registered No. 97
 (For use of Local Registrar)

(2) Full Name of Child William S. White If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 25, 1928
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ephraim Mayberry White
 (9) PRESENT POSTOFFICE OF FATHER Cherokee Falls S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)
 (12) BIRTHPLACE Cleveland Co. N.C.
 (13) OCCUPATION Textile
 (20) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Sussie McEwain
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE Fulton Co. Ga.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
 (23) (Signature) J. B. Hughes M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hughes

Given name added from a supplemental report
Jane Fairley
Jan 26, 1924
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10/23 1928 (28) 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.

Registrar Local Registrar.
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