

IN CASE OF TWINS USE SEPARATE BLANK FOR EACH CHILD, AND MAKE THE  
 PRINT-BOOK, No. 1. THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Cherokee</u> Township of <u>Paradise</u> or Inc. Town of ..... or City of .....		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. — For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">           3576         </div>	
		Registration District No. <u>1033</u>		Registered No. <u>18</u> (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 <u>William James</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>MO</u>	(7) DATE OF BIRTH <u>Feb. 11, 22</u> (Specify Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Rose Camp</u>			(14) NAME BEFORE MARRIAGE <u>Jedee Morris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Highside M L</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Highside M L #1</u>		
(10) COLOR OR RACE <u>Leased</u>			(16) COLOR OR RACE <u>Leased</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>M L</u>			(18) BIRTHPLACE <u>I L</u>		
(13) OCCUPATION <u>Hatell Bay</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>					
(22) I hereby certify that I attended the birth of this child, who was <u>A. female</u> at <u>6 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)					
(23) (Signature) <u>Mary Adams</u>					
(24) State whether Physician or Midwife					
(25) Address of Phys. or Midwife <u>Highside M L</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
Registrar			(27) Date <u>Feb. 15, 1922</u> (28) <u>H. B. Rutland</u> 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.