

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

County of Cherokee  
 Township of Can't name  
 or  
 Inc. Town of ..... Registration District No. 126.3 Registered No. 156  
 or  
 City of ..... (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** ..... { If child is not yet named, make supplemental report as directed

**BOY OR GIRL?** Boy **(4) Twin or Triplet?** ..... **(5) Number in order of birth** ..... **(6) Are Parents Married?** Yes **(7) DATE OF BIRTH** Dec. 22nd  
 (Name of Month) (Day) (Year)

**FATHER.** **MOTHER.**

**(8) FULL NAME** Henry T. ... **(14) NAME BEFORE MARRIAGE** Lillie ...  
**(9) PRESENT POSITION OF FATHER** Self **(15) PRESENT POSITION OF MOTHER** Self  
**(10) COLOR OR RACE** White **(16) AGE AT LAST BIRTHDAY** 28 **(17) AGE AT LAST BIRTHDAY** 26  
 (Years) (Years)  
**(11) BIRTHPLACE** Cherokee Co. S.C. **(18) BIRTHPLACE** Cherokee Co. S.C.  
**(12) OCCUPATION** Farming **(19) OCCUPATION** Housekeeping  
**(20) Number of children born to mother, including present birth** 2 **(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** Alive **at** 7:45 **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** Physician **(25) Address of Physician or Midwife** Cherokee Co. S.C.

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

**(27) Filed** Jan 8, 1923 **(28) M.S. ...** **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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