

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Law. of Columbia.

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Cherokee

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

File No.—For State Registrar Only  
**76344**

or  
 Inc. Town of ..... Registration District No. 1201 Registered No. 92  
 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 Ginn Alexander } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 0 (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept-15-6  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME John Alexander  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee & Co  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Public work  
 (20) Number of children born to mother, including present birth } 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Carrie Campbell  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee & Co  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Public work  
 (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 Alive at ..... 1 ..... 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Della Sanders

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Cherokee & Co

Given name added from a supplemental report  
 ..... 191.....  
 .....  
 Registrar

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

(27) Filed Sept-15-6 1916 (28) P. B. Ingram 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.