

Form No. 1

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18250

Registration District No. 134

Registered No. 38  
 (For use of Local Registrar)

City of..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child

Mary Eliza If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth  
 To be answered only in event of Twins or Triplets

(6) Sex  
 Male  
 Female

(7) DATE OF BIRTH

June 19 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Elijah Wagon

(9) PRESENT POSTOFFICE OF FATHER St Paul S.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 35  
 (Years)

(12) BIRTHPLACE Cherokee Co. S.

(13) OCCUPATION Farm

(20) Number of children born to mother, including present birth 6

MOTHER  
 (14) NAME BEFORE MARRIAGE Mary Hull

(15) PRESENT POSTOFFICE OF MOTHER St Paul S.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 33  
 (Years)

(18) BIRTHPLACE Cherokee Co. S.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Mary Eliza at 5 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Boetie Wagon

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

Given name added from a supplemental report

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

(27) Filed June 26 1922 (28) Boetie Wagon 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.