

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4002 Registered No. 126
(For use of Local Registrar)

(2) Full Name of Child

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

(3) SEX OF CHILD <u>GIRL</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Oct 4, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Curtis E. Liles(9) PRESENT POSTOFFICE OF FATHER Cherokee RFD 2(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Baxter(15) PRESENT POSTOFFICE OF MOTHER Cherokee RFD 2(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE NC(19) OCCUPATION Farming(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 B. Liles at SA M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. McInnis
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Cherokee

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Nov 10, 1923 (28) J. B. Blackwell
Registrar 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.

FILL IN THESE SPACES FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.