

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
45762

County of Lester

Township of Landon

or
Inc. Town of Registration District No. 1105 Registered No. 89
(For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Jan 18 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wylie Cherry

(14) NAME BEFORE MARRIAGE Louise

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Lester Co. S.C.

(18) BIRTHPLACE Lester Co. S.C.

(13) OCCUPATION Shoemaking

(19) OCCUPATION House & farm work

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Clara M. ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Columbia S.C.

Given name added from a supplemental report

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

..... 191.....
Registrar

(27) Filed Jan 21 1914 (28) A. J. ... 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.

M. 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.
McCaw, of Columbia

MAILED FEBRUARY 1914