

Form No. 1.

(1) PLACE OF BIRTH

County of Lester
Township of Landon

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
45762

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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Myrtle Cherry
(9) PRESENT POSTOFFICE OF FATHER Calabash
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Lester Co. S.C.
(13) OCCUPATION Thinning
(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Janice
(15) PRESENT POSTOFFICE OF MOTHER Calabash
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Lester Co. S.C.
(19) OCCUPATION House & farm work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Male at 11 (Born alive or stillborn) (Hour) (P. M.)
on the date above stated.

(23) (Signature) Clara M. Cherry
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calabash

Given name added from a supplemental report

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

(27) Filed Jan 24 1914 (28) A. J. McSwain 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.

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.

McCaw, of Columbia.

MAILED, PRESERVED FOR RECORD
STATE PLATE, AND STAMPED BY—WHO IS A PERMANENT RECORD