(1) PLACE OF BIRTH

County of Cherokee

Township of Cherokee

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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 Health

File No.—For State Registrar Only
17069

Registration District No. 1000A Registered No. 58
(For use of Local Registrar)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl | (4) Twin or Triplet? — | (5) Number in order of birth — To be answered only in event of Twins or Triplets | (6) Are parents married? Yes | (7) DATE OF BIRTH May 7 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hershel Mitchell

(9) PRESENT POSTOFFICE OF FATHER Blacksburg S C

(10) COLOR OR RACE W | (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bonita Weeks

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg S C

(16) COLOR OR RACE W | (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION House wife

(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 (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Victor M Robert

(24) State whether Physician or Midwife M D | (25) Address of Physician or Midwife Blacksburg S C

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

..... 19 .... Registrar

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

(27) Filed July 1 1923 (28) Geo A Robertson 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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and write FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.

BUREAU OF STATISTICS, COLUMBIA, S. C.

H. 7