

(1) PLACE OF BIRTH

County of Chester
 Township of Fargelwood
 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
14235

Registration District No. 11.0.3. Registered No.
 (For use of Local Registrar)

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 29, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Cherry
 9) PRESENT POSTOFFICE OF FATHER Pickburg S.C.
 10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 40
 12) BIRTHPLACE Chester Co
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 10

MOTHER.

14) NAME BEFORE MARRIAGE Lucie Caldwell
 15) PRESENT POSTOFFICE OF MOTHER Pickburg S.C.
 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 29
 18) BIRTHPLACE Chester Co
 19) OCCUPATION House wife
 21) Number of children of this mother now living, including present birth 16

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, ... alive ... at 4.2 M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Mary Ann Caldwell
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. or Midwife Cornwell S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 7, 1922 (28) E. S. Smith 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 be reported as stillborn. No report is desired of stillbirths in the fifth month of pregnancy.