

(1) PLACE OF BIRTH

County CherokeeTownship of Count. T. H. H. H.

or

Inc. Town of

or

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 Health

File No.—For State Registrar Only

41655

Registration District No. 1203 Registered No. 148

(For use of Local Registrar)

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

(2) Full Name of Child

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) NAME OF FATHER

(9) NAME OF MOTHER

(10) PRESENT POSTOFFICE OF FATHER

(11) PRESENT POSTOFFICE OF MOTHER

(12) COLOR OF FATHER

(13) AGE AT LAST BIRTHDAY

(14) COLOR OF MOTHER

(15) AGE AT LAST BIRTHDAY

(16) BIRTHPLACE OF FATHER

(17) BIRTHPLACE OF MOTHER

(18) OCCUPATION OF FATHER

(19) OCCUPATION OF MOTHER

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

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

FATHER

MOTHER

(8) FULL NAME

(14) NAME OF FATHER

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OF FATHER

(16) COLOR OF MOTHER

(11) BIRTHPLACE OF FATHER

(17) BIRTHPLACE OF MOTHER

(12) OCCUPATION OF FATHER

(18) OCCUPATION OF MOTHER

(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 born at 11:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 8 1903

(28)

M. S. Watson

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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