

(1) PLACE OF BIRTH

County of *Cherokee*

Township of

Inc. Town of

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

No. 11. - For State Registrar Only

22617

Registration District No. *402*Registered No. *54*
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child

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

(a) BOY OR GIRL *Boy*(b) Twin or Triplet
To be answered only in case of Twin or Triplet

(c) Number in order of birth

(d) Are Parents Married *Yes*DATE OF BIRTH *July 8 1923*
(Month of Month) (Day) (Year)

FATHER.

(a) FULL NAME *Smith, Charles*(b) PRESENT POSTOFFICE OF FATHER *Pauline*(c) COLOR OR RACE *White*(d) BIRTHPLACE *I.C.*(e) OCCUPATION *Farmer*(f) Number of children born to mother, including present birth *1*

MOTHER.

(a) NAME BEFORE MARRIAGE *Waller, Anna*(b) PRESENT POSTOFFICE OF MOTHER *Pauline*(c) COLOR OR RACE *White*(d) BIRTHPLACE *I.C.*(e) OCCUPATION *Domestic*(f) 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 *born alive or stillborn* on the date above stated.(23) (Signature) *D. F. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Cherokee*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 20 1923*(28) Local Registrar *Wm. J. C. White*

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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