

(1) PLACE OF BIRTH  
 County of Spartanburg STATE OF SOUTH CAROLINA.  
 Township of Cherokee Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**50476**

Inc. Town of ..... Registration District No. 4002 Registered No. 149  
 or  
 or  
 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 Mary Nellie Burnett 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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 2, 1914  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Mannie Burnett  
 (9) PRESENT POSTOFFICE OF FATHER Cherokee  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39  
 (12) BIRTHPLACE Spartanburg  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth three

(14) NAME BEFORE MARRIAGE Minnie Morgan  
 (15) PRESENT POSTOFFICE OF MOTHER Cherokee  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24  
 (18) BIRTHPLACE Macon Co. N.C.  
 (19) OCCUPATION Housekeeping  
 (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 B. alive & ca. a at .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Montgomery

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician | Cherokee S.C.

Given name added from a supplemental report

June 29, 1914

Sup State Registrar

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

(27) Filed Feb 2 1914. (28) J. T. ... 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.

Law of Columbia