

(1) PLACE OF BIRTH

County of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76295

Township of

or

Inc. Town of Cherokee

or

City of

Registration District No. 12A Registered No. 66

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>Mareen Davis</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Goff</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee, S.C.</u>
(10) COLOR OR RACE <u>col</u>	(16) COLOR OR RACE <u>col</u>
(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Cherokee, S.C.</u>	(18) BIRTHPLACE <u>Blaney, S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farm-Land</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Lizzie Goff</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cherokee, S.C.</u>
(16) COLOR OR RACE <u>col</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(18) BIRTHPLACE <u>Blaney, S.C.</u>	(19) OCCUPATION <u>Farm-Land</u>
(20) Number of children born to mother, including present birth { <u>2</u>	(21) Number of children of this mother now living, including present birth { <u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Neena St. Sanders(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cherokee, S.C.

Given name added from a supplemental report

(26) Witness T. W. Wamamader
(Signature of Witness necessary only when question 23 is signed by mark)(27) FILED Sept 11 1916 (28) T. W. Wamamader
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 this FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw. of Columbia.