

(1) PLACE OF BIRTH

County of Spartanburg
or
Inc. Town of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16707

Registration District No. 4002 Registered No. 59
(For use of Local Registrar)(No. St. Ward)
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Garrie 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 16 19 22
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Lee 11722
(9) PRESENT POSTOFFICE OF FATHER Cherokee, SC RD 3
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) NAME BEFORE MARRIAGE Bertha Prince
(15) PRESENT POSTOFFICE OF MOTHER Cherokee, SC RD 3
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE NC
(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 3 (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 Born alive at 7 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) OM Chapman (24) State Physician (25) Address of Physician or Midwife Cherokee, SC

Give name added from a supplemental report

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

(27) Filed 6/12 19 22 (28) J. Blockwell 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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