

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
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.

(1) PLACE OF BIRTH  
County of Cherokee  
Township of Cherokee  
or  
Inc. Town of .....  
or  
City of ..... (No. .... St.: ..... Ward)  
(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  
**3665**

Registration District No. 1201 Registered No. 16  
(For use of Local Registrar)

(2) Full Name of Child George Cne (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sam Cne</u>			(9) NAME BEFORE MARRIAGE <u>Doc Stacks</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Cherokee SC</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Cherokee SC</u>	
(12) COLOR OR RACE <u>Black</u>			(13) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(14) BIRTHPLACE <u>SC</u>			(15) COLOR OR RACE <u>Black</u>	
(16) OCCUPATION <u>Farm laborer</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(18) Number of children born to mother, including present birth <u>4</u>			(19) BIRTHPLACE <u>SC</u>	
(20) Number of children of this mother now living, including present birth <u>4</u>			(21) OCCUPATION <u>Farm laborer</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Cherokee ... nt. 12 ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. C. Cne  
(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report  
.....  
..... 19 ..... Registrar

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

(27) Filed Feb 10 1922 (28) P. T. C. Cne 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.

Registrar \_\_\_\_\_ Local Registrar \_\_\_\_\_

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