

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 Chowan
 or
 Inc. Town of

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)

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 George Cue (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 6 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Sam Cue
 (9) PRESENT POSTOFFICE OF FATHER Chowan SC
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 74
 (Year) (12) BIRTHPLACE SC
 (13) OCCUPATION Fanner

MOTHER.
 (14) NAME BEFORE MARRIAGE Die Stack
 (15) PRESENT POSTOFFICE OF MOTHER Chowan SC
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23
 (Year) (18) BIRTHPLACE SC
 (19) OCCUPATION Farm labour

(20) Number of children born to mother, including present birth 1 4 (21) Number of children of this mother now living, including present birth 1 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Wancy Veques
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chowan SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Feb 10 1922 (28) P. T. Longman
 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.

Registrar Local Registrar
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