

(1) PLACE OF BIRTH

County of **Cherokee**Township of **Cherokee**

Inc. Town of

City of

(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

No. 3333

Registration District No. **120.0A** Registered No. **2.9**
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl	(4) Type or Figure To be reported only in case of Twin or Triple	(5) Number in order of birth	(6) Sex Female	(7) DATE OF BIRTH Feb. 27, 1923 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Otis Maddison Allison			(14) NAME BEFORE MARRIAGE Eula Vastine Hatcher	
(9) PRESENT POSTOFFICE OF FATHER Blacksburg, S.C., R.#2.			(15) PRESENT POSTOFFICE OF MOTHER Blacksburg, S.C., R.#24	
(10) COLOR OR RACE White			(16) COLOR OR RACE White	
(11) AGE AT LAST BIRTHDAY 23 (Years)			(17) AGE AT LAST BIRTHDAY 24 (Years)	
(12) BIRTHPLACE Cherokee Co., S.C.			(18) BIRTHPLACE Cherokee Co., S.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION Housewife	
(20) Number of children born to mother, including present birth Four (4).			(21) Number of children of this mother now living, including present birth Four (4).	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **6:00 A.M.** on the date above stated. (If stillborn, (Hour, M., or P.M.))(23) (Signature) *G. L. Little*

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Blacksburg, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **Feb. 27, 1923** (28) *J. A. Roberts* 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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