

(1) PLACE OF BIRTH

County of Darlington STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Swift Creek State Board of Health

Inc. Town of Registration District No. 3711 Registered No.
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
46016

(2) Full Name of Child M. J. Cherry } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 17, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>M. J. Cherry</u>			(14) NAME BEFORE MARRIAGE <u>Martha Hildib</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington R. 1</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington R. 1</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co</u>			(18) BIRTHPLACE <u>Darlington Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 a M., on the date above stated. (Born alive or stillborn? Hour A. M. or P. M.)

(23) (Signature) Elizabeth Hildib

(24) State whether Physician or Midwife. (25) Address of Physician or Midwife Darlington R. 1

Given name added from a supplemental report

(26) Witness W. C. Early

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

(27) Filed 1/20/16 (28) W. C. Early 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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