

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Imelia  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41121

Registration District No. 800Registered No. 155  
(For use of Local Registrar)

(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 Ellen Cheesbore

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 13, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Henry Cheesbore  
 (9) PRESENT POSTOFFICE OF FATHER Hart Mills S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Calhoun Co  
 (13) OCCUPATION Farm laborer  
 (20) Number of children born to father, including present birth Eleven

## MOTHER

(14) NAME BEFORE MARRIAGE Rose Cheesbore  
 (15) PRESENT POSTOFFICE OF MOTHER Hart Mills S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Calhoun Co S.C.  
 (19) OCCUPATION Home wife  
 (21) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born May 13 at 6 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Violet Schuler(24) State whether Physician or Midwife(25) Address of Hart Mills S.C. Physician or Midwife

Given name added from a supplemental report

(26) Witness J. A. Woodley M.D.

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

(27) Filed Jan. 9, 1922(28) A. R. Able

Local Registrar

19 ..  
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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