

(1) PLACE OF BIRTH

County of CherokeeTownship of CherokeeInc. Town of Blacksburg

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

File No.—For State Registrar Only

88884

Registration District No. 10000Registered No. 119

(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 <u>Girl</u> | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Dec 5 1916</u> (Name of Month) (Day) (Year) |
|--------------------------------|-----------------------------------|--|--|--|

FATHER.

(8) FULL NAME Joshua Byers(9) PRESENT POSTOFFICE OF FATHER Blacksburg(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE York Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Eula McGadden(15) PRESENT POSTOFFICE OF MOTHER Blacksburg(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE York Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Clora Cline

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness Geo. Robert (Signature of Witness necessary only when question 23 is signed by mark)(27) FILED Dec 13 1916 (28) Geo. Robert 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.

WHEN FILING, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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.

McCraw of Columbia