

Form No. 3

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokee

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

3462

Registration District No. 1208

Registered No.

(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 James Buchanan

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

1 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet <input checked="" type="checkbox"/>	5 Number in order of birth <u>1</u>	6 Are Parents Married <u>yes</u>	7 DATE OF BIRTH <u>Jan 27 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Buster Buchanan

9 PRESENT POSTOFFICE OF FATHER Society Hill, R. 3

10 COLOR OR RACE negro 11 AGE AT LAST BIRTHDAY 21
(Years)

12 BIRTHPLACE Cherokee Co.

13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE Marie Wilson

15 PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3

16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 20
(Years)

18 BIRTHPLACE Cherokee Co.

19 OCCUPATION farm & house work

21 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James Wilson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cherokee, R. 2

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

L. S. Matheson
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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1

Bureau of Columbia. Columns 8 C.