

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town ofor
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

17997

Registration District No. 1000A. Registered No. 54
(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>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Henry Smith(9) PRESENT POSTOFFICE OF FATHER Cherokee Falls, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 68
(Year)

(12) BIRTHPLACE

Catauba Co., N. C.

(13) OCCUPATION

Farmer(20) Number of children born to mother, including present birth Nine (9)

MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Black(15) PRESENT POSTOFFICE OF MOTHER Cherokee Falls, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 48
(Year)

(18) BIRTHPLACE

Lincoln Co., N. C.

(19) OCCUPATION

Housewife(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 3:40 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. 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 23 is signed by mark)(27) Filed June 22, 1922 (28) J. A. R. 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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