

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

(1) PLACE OF BIRTH				<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">496</div>
County of <u>Cherokee</u>		Township of <u>Liberty</u>		Registration District No. <u>3705</u>		Registered No. <u>11</u> (For use of Local Registrar)
Inc. Town of .....		City of .....		(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 <u>Clarence Lee Hobley</u>				If child is not yet named, make supplemental report as directed		
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	DATE OF BIRTH <u>Feb 7, 1923</u> (Name of Month) (Day) (Year)		
FATHER.				MOTHER.		
(7) FULL NAME <u>Simon Hobley</u>				(14) NAME BEFORE MARRIAGE <u>Georgia Tinsley</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Liberty S.C. R1</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Liberty S.C. R1</u>		
(9) COLOR OR RACE <u>White</u>				(16) COLOR OR RACE <u>W</u>		
(10) AGE AT LAST BIRTHDAY <u>26</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(11) BIRTHPLACE <u>Durham N.C.</u>				(18) BIRTHPLACE <u>Transylvania N.C.</u>		
(12) OCCUPATION <u>Farming</u>				(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>5</u>				(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>6:40</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>Miss Vina Black</u>				(24) Address of Physician or Midwife <u>Liberty S.C.</u>		
(25) State whether Physician or Midwife <u>Midwife</u>				(26) Address of Physician or Midwife <u>Liberty S.C.</u>		
Given name added from a supplemental report				(27) Witness .....		
..... 19 .....				(28) (Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar				(29) Filed <u>Mar 8, 1923</u> (30) <u>John T. Boyce</u> 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.