

(1) PLACE OF BIRTH

County of Cherokee
 Township of Mt. Graham
 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

36914

Registration District No. 10.9Registered No. 104

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

(3) BOY OR GIRL

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Nov. 15, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James M. Latham(9) PRESENT POSTOFFICE OF FATHER Ware Shoals S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Manning(15) PRESENT POSTOFFICE OF MOTHER Chester Falls S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 P.M., on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Tate

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Chester Falls 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

Dec. 8, 22

(28)

H. L. Mance

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.