

THIS IS A PERMANENT RECORD, and mark the
N. B.—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.

(1) PLACE OF BIRTH

County of Cherokee

Township of

or

Inc. Town of

or

City of Cherokee

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

Coleridge A. Gore

File No.—For State Registrar Only

33693

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 11A

Registered No. 107
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

10/31/19
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Gore

(9) PRESENT POSTOFFICE OF FATHER

Cherokee

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

Cherokee

(13) OCCUPATION

Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise G. Hance

(15) PRESENT POSTOFFICE OF MOTHER

Cherokee

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Cherokee

(19) OCCUPATION

Housewife

(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 white at 9:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-10-22

19

(28)

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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