

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

25792

County of Alameda
Township of San Diego
or
Inc. Town of
or
City of

Registration District No. 174 Registered No. 43
(For use of Local Registrar)

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

(2) Full Name of Child Okusaka Cherry If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>May 12 22</i> (Name of Month) (Day) (Year)
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FATHER.

2) FULL NAME *William E. Cherry*

3) PRESENT POSTOFFICE OF FATHER *Dunsmuir, Ca.*

(10) COLOR OR RACE *C*

(11) AGE AT LAST BIRTHDAY *24*
(Years)

(12) BIRTHPLACE *Dunsmuir, Ca.*

(13) OCCUPATION *Laborer*

20) Number of children born to mother, including present birth *13*

MOTHER.

(14) NAME BEFORE MARRIAGE *James Melvin*

(15) PRESENT POSTOFFICE OF MOTHER *Sumner*

(16) COLOR OR RACE *Ce* (17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE *Byrd sc*

(19) OCCUPATION *Dr*

(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was... Alma ... at 9 M.
on the date above stated. 12 (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 supplement-
tal report

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

(27) Filed May 2 1952 (28) 6/19/52 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.