

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Cherokee

or

In. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 4002 Registered No. 74  
(For use of Local Registrar)File No. - For 1916 only  
19166

## (2) Full Name of Child

3. W or U (4) Twin or Triplet? - (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 21, 1923  
(Name of Month) (Day) (Year)

MOTHER.

FATHER.  
9. FULL NAME Buzz Haler  
10. PRESENT POSTOFFICE OF FATHER Cherokee R.F.W.  
11. COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42 (Year)  
12. BIRTHPLACE S.C.  
13. OCCUPATION Farming  
14. Number of children born to mother, including present birth 2

(14) NAME BEFORE MARRIAGE Janie Serugga  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.W.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Year)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housekeeping  
(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was B. Haler at 10:30 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Serugga  
(24) State, whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Cherokee S.C.

Give name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 7/10 to 23 (28) J. Blackman 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.