

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only

79245

(1) PLACE OF BIRTH

County of Spartanburg  
Township of Cherokee  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. W. 002 B Registered No. 213  
(For use of Local Registrar)

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

(2) Full Name of Child Margaret Hargraves { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? ye (7) DATE OF BIRTH Aug. 31 1914  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Cal Hargraves  
(9) PRESENT POSTOFFICE OF FATHER Cherokee S.C.  
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth { ..... 6

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Leuanne Peck  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee S.C.  
(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION House wife  
(20) Number of children of this mother now living, including present birth { ..... 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at Cherokee at ..... 9 P. M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) Mary Hargraves  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature) ..... Witness necessary only when question 23 is signed by mark  
(27) Filled Q.H. 1914 (28) W.H. Parmer 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.