

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 3.

**(1) PLACE OF BIRTH**  
 County of Cherokee  
 Township of Field Springs  
 Inc. Town of Field Springs  
 City of Field Springs (No. 703 Registered No. 19  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.) (For use of Local Registrar)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

**File No.—For State Registrar Only**  
12583

**(2) Full Name of Child** Irene Stoley (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 6 23</u> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	-----------------------------------	--

<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Henry Stoley</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Woodrum</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wagoner</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wagoner</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Idaho</u>	(18) OCCUPATION <u>Farm</u>	(18) BIRTHPLACE <u>Idaho</u>	(19) OCCUPATION <u>House Wife</u>
(20) Number of children born to mother, including present birth <u>13</u>	(21) Number of children of this mother now living, including present birth <u>13</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was at 6 A. M. at Field Springs on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William Jones  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagoner

Given name added from a supplemental report

(26) Witness John Paul  
 (Signature of Witness necessary when question 23 is signed by midwife)

(27) Filed May 19 23 (28) John Paul 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.