

WRITE PLAINLY, WITH 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 5.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Fields Swamp
 Inc. Town of
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

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

File No.—For State Registrar Only
12583

Registration District No. 703 Registered No. 19
 (For use of Local Registrar)

(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 event 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)
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Stoley</u>	(14) NAME BEFORE MARRIAGE <u>Lizzie Woodruff</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>	(16) BIRTHPLACE <u>Idaho</u>	(18) 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 Alive at 6 A. M., on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary when question 23 is signed by physician) McKain

(27) Filed May 19 23 (28) McKain 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.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.