

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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County of CherokeeTownship of Cherokee

Inc. Town of

City of

(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

71887

Registration District No. 2000A Registered No. 90

(For use of Local Registrar)

(No.) (City) (Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 29 1914</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER		
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(2) FULL NAME <u>Ed Barrer</u>	(14) NAME BEFORE MARRIAGE <u>Linda Peterson</u>
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(3) PRESENT POSTOFFICE OF FATHER <u>Blackburg Va</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blackburg Va</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
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(12) BIRTHPLACE <u>Shroves Va</u>	(18) BIRTHPLACE <u>Shroves Va</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 7 P. M. on the date above stated.(23) (Signature) A. L. Roberts(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Blackburg Va

Given name added from a supplemental report

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

(27) Filed Aug 30 1914 (28) 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.

FORM NO. 1
 WHEN RECALLED FOR BIRTHING
 WITH THE BIRTHING 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.