

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27614

County of Cherokee

Township of .....

or  
Inc. Town of Blacksburg

or  
City of .....

(No. .... St.; .... Ward)

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

Registration District No. 1200A Registered No. 87  
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet no (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH Sept 18 23  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME D. A. Wright

(14) NAME BEFORE MARRIAGE Julia Bohelen

(9) PRESENT POSTOFFICE OF FATHER Blacksburg SC

(15) PRESENT POSTOFFICE OF MOTHER Blacksburg SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION Carpenter

(19) OCCUPATION H. Wife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Walter M. Roberts

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Blacksburg

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 12 1923

(28) Walter M. Roberts  
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.

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